ALMANOR OPEN ENTRY FORM

Boater:				
Email:			_	
Co-Angler:				
Address:				
City:	St:	Zip:	Ph: ()
Email:			_	
• 0 0	s, and Spectat	ors from all c	aims for injur	ountain Bass Association, it's ries and/or damages incurred in apply.
Boater Signature:				<u> </u>
Co-angler Signature:				
Return completed form wit	h check payabl	e to:		
Mountain Bass Assn. 712-3	35 Silent Oak,	Janesville, CA	A 96114	