Sullivan/N	Moultrie Cr	appie Classic Tournament Applica	tion IIII	
Туре:	OPEN (you do not have to be a club member to fish)			
When:	Saturday, May 18, 2019, 7:00 am – 2:30 pm			
Where:	Lake Shelbyville, Bo Wood			
Entry Fee:	\$100 per boat (includes \$5 Big Crappie and 2 meals at the VFW after weigh-in) NOTE: You are responsible for paying any lake/launch fees			
AM Check-In:		lood (Trailering IS NOT ALLOWED at this event. Departure will be in the check-in.)		
PM Check-In:	2:30 pm: All lines must be out of the water and boats must CEASE FISHING at 2:30 pm. Weigh in scales will open at the VFW at 3:00 pm and close at 4:00 pm. Must be IN LINE, with your fish, BEFORE 4:00 pm. Every boat must check in at the weigh in line, with or without fish.			
Weigh In:	SEVEN (7) FISH measuring TEN INCHES (10") or larger BIG CRAPPIE will be determined by weight			
Payout:	1st \$1500, 2nd \$750, 3rd \$500, 4th \$250, 5th \$150, with no additional payouts			
Participants	Designo	ble for knowing the rules. We will have an official copy at all of ated Marina areas are off limits – See maps for reference. To take and pass a voice stress test or similar truth test before Angler #2		
Name:				
Address				
Phone:				
Email:				
spoi this	In signing this application, I hereby waive and release the Central Illinois Crappie Club (CICC), participants, sponsors, officers, and tournament officials from all claims of injury or damage incurred in connection with this tournament. We understand we are participating at our own risk in all activities associated with this event and indemnify and hold harmless the CICC from any and all liability as result of our participation.			
Signature:				
If there is a youth to fish the tourna	ment and herby waiv	ay we need a parent or guardian name, address, phone #, and signat re and release the Central Illinois Crappie Club, participants, sponsors injury or damage incurred in connection with this tournament.		
Parent/Guardia	n name	Address		
Phone #		Signature		
FOR INTERN	NAL USE ONLY	Please make your check payable to		
Fee Received:		Sullivan Chamber & Economic Dev	<u>elopment</u>	
☐ Cash		You may mail* your application to:	Fee	
Check #:		Sullivan Chamber & Economic Development, PO BOX 234, Sullivan, IL 61957	Enclosed:	
Application Accepted by:		*Application must be postmarked TWO WEEKS PRIOR to event	Ċ	

the tournament check-in.