

# Central Illinois Crappie Club Tournament Application



- Type: CLUB (you MUST be a club member to fish)
- When: Sunday, November 16, 2019, 7:00 am – 2:30 pm
- Where: Lake Shelbyville, Bo Wood
- Entry Fee: \$40 per boat (includes \$5 Big Crappie)  
*NOTE: You are responsible for paying any lake/launch fees*
- AM Check-In: 6:00 am (*Trailing IS ALLOWED at this event and you may launch after check in but CANNOT have lines in the water before 7:00 am.*)
- 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 3:00 pm and close at 3:30 pm. Must be IN LINE, with your fish, BEFORE 3:30 pm. Every boat must check in at the weigh in line, with or without fish.
- Weigh In: SEVEN (7) FISH measuring any size (if fishing alone, ONLY FIVE (5) FISH can be UNDER 10") BIG CRAPPIE will be determined by weight
- Payout: Payout will be 100% of all monies received to 50% of the field

**\*\*\*Please review rules and regulations on our webpage at [www.centralillinoiscrappieclub.com](http://www.centralillinoiscrappieclub.com).\*\*\***  
**\*\*\* You are responsible for knowing the rules. We will have an official copy at all events.\*\*\***  
**Designated Marina areas are off limits – See maps for reference.**

	Angler #1	Angler #2
Name:		
Address		
Phone:		
Email:		

*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:		
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If there is a youth fishing with you today we need a parent or guardian name, address, phone #, and signature approving the youth to fish the tournament and hereby waive and release the Central Illinois Crappie Club, participants, sponsors, officers and tournament officials from all claims of injury or damage incurred in connection with this tournament.

Parent/Guardian name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Signature \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Fee Received: \_\_\_\_\_

Cash

Check #: \_\_\_\_\_

Application Accepted by: \_\_\_\_\_

Please make your check payable to **Central Illinois Crappie Club**

You may mail\* your application to:

**Central Illinois Crappie Club,  
 PO BOX 153, Forsyth, IL 62535**

Fee Enclosed:

\$ \_\_\_\_\_

*\*Application must be postmarked **ONE WEEK PRIOR** to event date. Registration after this will be accepted with **CASH ONLY**, at the tournament check-in.*