

# Central Illinois Crappie Club Tournament Application



- Type: OPEN (you do not have to be a club member to fish)
- When: Sunday, October 20, 2019, 7:00 am – 2:30 pm
- Where: Lake Decatur, Nelson Ramp
- Entry Fee: \$65 per boat (includes \$5 Big Crappie)  
*NOTE: You are responsible for paying any lake/launch fees*
- AM Check-In: 6:00 am (*Trailing IS NOT ALLOWED at this event. Departure will be in the sequence in which entry fees are received. Make sure you get a departure number at 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 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 TEN INCHES (10”) or larger  
 BIG CRAPPIE will be determined by weight
- Payout: Payout will be 70% of all monies received, proceeds will help to fund our Habitat/Kids events

**\*\*\*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.\*\*\***

**Participants may be required to take and pass a voice stress test or similar truth test before any prizes awarded.**

	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 herby 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: _____	
<input type="checkbox"/> Cash	
<input type="checkbox"/> 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.*

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