

Volunteer Registration Form
Monterey Bay Veterans Inc.
Annual Wheelchair Fishing Derby

Name: _____
(Last) (First) (MI.)

Address: _____
(Street) (City) (State) (Zip)

Phone:(_____) _____ **E-mail** _____ **Gender:**M ___ F ___

Are you a member of the Monterey Bay Veterans Inc.? Yes ___ No ___

Are you a veteran? _____ Branch of service? _____

Do you have a boat, and will you use it in Monterey for this event? Yes ___ No ___

Vessel Name _____ Size _____ Model _____ Head? Yes ___ No ___

Are you a member of a fishing club? _____ Name of club _____

are you an experienced angler/ deck hand? Yes ___ No ___

Will you be at the awards banquet on Friday? Yes ___ No ___

No alcohol will be allowed!

No alcohol is allowed!

I certify by completing and signing this form that I will abide by the aforementioned rules and regulations of the Derby. By signing this form I give the Monterey Bay Veterans, Inc. permission to use my likeness in any publication/media. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Monterey Bay Veterans, Inc. Officers/ Directors, from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

Signature of Applicant _____

Date _____

Revised January 1, 2012

For more information, contact:

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