

Volunteer Captain Registration Form
Monterey Bay Veterans Inc.
25th 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___
Do you have a boat, and will you use it in Monterey for this event? Saturday Yes___No___
Vessel Name Size Model Head?Yes___No___

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

Is your Boat director/deck hand experienced angler? Yes___ No___

Director/ deck hand_____

Phone: ()_____ E-Mail_____ Gender?M___F___

Will you be at the registration dinner on Friday? Yes_____ How many?_____ No_____

Will you be at the banquet on Saturday? Yes_____ How many?_____ No_____

How many disabled anglers will you take? Saturday_____

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_____

For more information, contact:
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