

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

Event Date: _____

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 Saturday? 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, or any others involved 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 7/31/ 2014

For more information, contact:
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