

“Captain” 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 ___
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 Awards banquet on Saturday? Yes ___ How many? ___ No ___
How many disabled anglers will you take? Friday _____ 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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