



REGISTRATION FORM
 Monterey Bay Veterans Inc.
 24th Annual Wheelchair Rock Cod Derby

October 4, 2014

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

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

Phone:(_____)_____ E-mail_____ Gender: M__F__

Are you traveling with a group? Yes___ Group Name_____ No___
 Do you use a wheelchair for transportation? No___ Yes___
 Percent and type of Physical Disability? ___ % _____
 (This information helps us put you on the best type of boat)

Only ONE non-fishing attendant (if needed) per physically challenged angler is allowed! Is that person an experienced angler? Yes___ No___
 Non-fishing attendant's Name _____
 Phone: ()_____ E-Mail_____ Gender?M__F__
 Non-fishing attendant is required to assist you, but may not fish !

Will you be at the pre-registration dinner, Friday October 3? Yes___ How Many?___ No___
 Will you be at the Banquet on Saturday October 4, 2014? Yes___ How many?___ No___

No Electric or three wheeled chairs will be loaded on boats. No alcohol is allowed! All participants may be required to show proof of type and percent of disability! Participation on 10/04/2014 is limited to VA Hospitals or large groups. All others may apply for another date. I certify by completing and signing this form that I have at least a forty **(40%) percent physical** disability, and 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. If you fail to complete all the requested information and sign, your application will be denied! I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Monterey Bay Veterans, Inc. Officers, directors, Boat Captains, and volunteers 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 June 02, 2014

For more information, contact:
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