REGISTRATION FORM
Monterey Bay Veterans Inc.
26th Annual Wheelchair Rock Cod Derby

October 1, 2016

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

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

Phone:(_____)_____ E-mail_____ Gender: M___F___
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 September 30? Yes___ How Many?___ No___
Will you be at the Banquet on Saturday October 1, Yes_____ How many?____ No_____

No Electric or three wheeled chairs will be loaded on boats. No alcohol is allowed!

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 January 30, 2016

For more information, contact:
Monterey Bay Veterans, Inc. ~ PO Box 481 ~ Monterey, CA. 93942
(831) 901-0217 mbvinc@pacbell.net www. mbv.org