



2017 TEAM ENTRY FORM

Angler #1

Name _____ MI _____ Last _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
E-mail _____
Date of Birth _____ Social Security Number _____

Angler #2

Name _____ MI _____ Last _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
E-mail _____
Date of Birth _____ Social Security Number _____

Angler #3

Name _____ MI _____ Last _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
E-mail _____
Date of Birth _____ Social Security Number _____

The Entry Fee for SDWC Tournament is \$300.00 per Team upon Registration.

I signify by my signature below that I have read and understand the 2017 SDWC Rules. Release of Liability and the Photo & Video release - **All Anglers must sign.**

Signature _____

Signature _____

Signature _____

Mailing Address: South Dakota Walleye Classic, PO Box 202, Akaska, SD 57420. Email bill.waeckerle@venturecomm.net for more information or Web: sdwalleyeclassic.com or Bill Waeckerle Phone 605-850-9738

