



DATE:
ANGLER I INFO:
ANGLER 1 NAME:
EMAIL ADDRESS:
PHONE NUMBER:
MAILING ADDRESS:
CITY / STATE / ZIP:
BOAT MANUFACTURER:
BOAT MOTOR MANUFACTURER:
ELECTRONICS MANUFACTURER:
ANCHOR SYSTEM MANUFACTURER:
JACK PLATE MANUFACTURER:
T-SHIRT SIZE: (please check one)
ANGLER 2 INFO:
ANGLER 2 NAME:
EMAIL ADDRESS:

PHONE NUMBER:		
MAILING ADDRESS:		
CITY / STATE / ZIP:		
BOAT MANUFACTURER:		
BOAT MOTOR MANUFACTURER:		
ELECTRONICS MANUFACTURER:		
ANCHOR SYSTEM MANUFACTURER:		
JACK PLATE MANUFACTURER:		
T-SHIRT SIZE: (please check one)		
Boater must attach, email, hand deliver or mail a copy of proof of insurance before February 16, 2024. A minimum of \$100,000 of coverage is required to fish any LA Team Trail Tournament. You can upload proof of insurance on our site if desired or you may call 318-546-6520 to arrange a method of getting your proof of insurance to us. To email please email proof of insurance along with the policy number to info@arklateamtrail.com		
To Mail Proof of Insurance, please mail a copy to the following address:		
Louisiana Team Tournament Trail 100 Ladelle Loop Monroe, LA 71203		
INSURANCE POLICY NUMBER:		
In signing this registration, I hereby waive all other contestants, the host, sponsors and tournament officials from all claims of injury and / or damages incurred in connection with this tournament trail. I further understand and agree that the tournament directors reserver the right to refund the entry fee, if they choose, for any reason, not to accept this registration.		
I agree to be subject to a PSA Test at Director's discretion. Any team who fails the PSA WILL BE BANNER FROM FURTHER TOURNAMENTS.		
SIGNATURE:	SIGNATURE:	
A parent or guardian of the above named youth under 16 years of age, I hereby consent to his or her entering this tournament circuit and release tournament directors from any and all responsibility for said youth.		
SIGNATURE:	SIGNATURE:	