

2020 OFFICIAL REGISTRATION FORM

(Register on-line at: www.muskyopen.com)

Please use separate registration form for each person

Make checks payable to: National Championship Musky Open

Return to: Eagle River Area Chamber of Commerce & Visitors Center

P.O. Box 1917-MT, Eagle River, WI 54521

(PLEASE PRINT CLEARLY)

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Please Check Here if New Address

Email _____

Lake Family:

1st Choice: _____

2nd Choice: _____

Husband/Wife

Spouse Name: _____

Guardian/Youth Division

Adult & Youth (8-15 years of age)

Adult Name: _____

Youth Name: _____

Youth Division (8-15 years of age)

(Parent/Guardian signature required)

T-Shirt Size: S M L XL

XXL XXXL

Club Affiliation: _____

List Your Fishing Partner(s): _____

ENTRY FEE MUST BE POSTMARKED

BY AUGUST 1, 2020

\$65.00 per person

Please make checks payable to:

National Championship Musky Open

ON-SITE ENTRY FEE:

\$70.00 per person

(Only cash will be accepted at on-site registration)

NO ENTRIES

ACCEPTED AFTER AUGUST 1, 2020

All entries received by mail postmarked after August 1, 2020 will be returned.

Please register on-site at tournament headquarters.

OFFICE USE ONLY:

Check # _____

Amt. Paid _____

Postmark Date _____

Lake _____

Assignment _____

INSURANCE WAIVER MUST BE COMPLETED ALONG WITH REGISTRATION

I am voluntarily participating in the 2020 National Championship Musky Open scheduled for August 21, 22, & 23, 2020.

I am aware that my participation in this tournament creates the risk of personal injury. My participation could also cause loss or damage to personal property.

I expressly agree to assume all risks of personal injury/loss to personal property or other tournament participants.

I hereby release and discharge the tournament sponsors/donors of the Eagle River Area Chamber of Commerce & Visitors Center and the Musky Clubs Alliance of Wisconsin, their officers, agents and employees and all volunteer workers from any injuries, damages or loss sustained, caused by negligence.

Any and all taxes are winner's responsibility.

I have read the release of liability participation agreement and understand all terms and conditions including the rules and regulations of the tournament.

Signed _____

Date _____

**EACH REGISTRANT MUST
SIGN THEIR OWN FORM**

If you have any questions call the:

**EAGLE RIVER AREA CHAMBER OF
COMMERCE & VISITORS CENTER
715-479-6400 OR 1-800-359-6315**