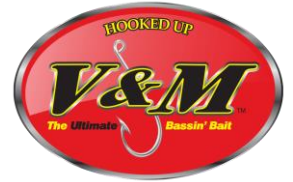




OUTLAW OUTDOORS

Tournament Entry Form



Date of Tournament: _____

Team Member #1	
Name _____	
Address _____	
City _____	
State _____	Zip _____
Social Security Number (required) _____	
Cell # _____	
Email _____	

Team Member #2	
Name _____	
Address _____	
City _____	
State _____	Zip _____
Social Security Number (required) _____	
Cell # _____	
Email _____	

By paying your entry fee and completing and signing this entry form, you acknowledge you have read, understand and accept all of the rules of The Tournament. You also release Outlaw Outdoors, LLC and everyone associated with the tournament and tournament production from any and all claims of personal injuries and accident as well as any damaged, lost or stolen property incurred in connection with the tournament. I also agree to submit to a polygraph test and agree to accept the polygraph results if requested by the tournament director.

Signature of Team Member #1 _____ Date _____

Signature of Team Member #2 _____ Date _____

