



2010 Entry Form

6th Annual A.M.S.A.

Surf Fishing Tournament

October 21-23, 2010

www.keepersofthebeach.com

Name of Team _____
Name of Captain _____
Mail Confirmation to: *(contact person)*
Name _____ Daytime Phone# _____
Address _____ Evening Phone# _____

_____ Email: _____
Enclosed is our check # _____ for \$300.00 dated _____
(Make checks payable to Assateague Mobile Sportfishermen's Association)

Please Check all that apply:

Our Team is:

- All Male
 All Female
 Mixed Male & Female
 Minors under 18

Team Member Names:

(Please put an asterisk next to female names)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

Please return to:

AMSA
ATTN: Fishing Tournament Chairman
P.O. Box 106
Berlin, MD 21811

MUST BE RECEIVED by
AUGUST 15th, 2010

A.M.S.A. Use Only

Date Received _____

Team # _____

Confirmed on _____

(Write legibly please)