

# **3rd Annual Jared Roe Memorial Walleye Tournament APPLICATION**

**Team Name:** \_\_\_\_\_

1. Team Captain: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Circle: cell/home/work)

Email Address: \_\_\_\_\_

2. Member Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Circle: cell/home/work)

Email Address: \_\_\_\_\_

3. Member Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Circle: cell/home/work)

Email Address: \_\_\_\_\_

**Mail completed application, waiver of liability form, and entry fee to:**

Jared Roe Memorial Tournament  
% Julie Roe  
28279 Cove Road  
Hot Springs, SD 57747

**Please DO NOT mail prior to May 1, 2018**  
All applications must be received by May 31, 2018