

4th Annual Jared Roe Memorial Walleye Tournament Application

Team Name: _____

1. Contact Member Name (Team Captain): _____

Address: _____

Phone #: _____ (Circle: cell/home/work)

2. Member Name: _____

3. Member Name: _____

*Please indicate if a member(s) of the team is 15 years old or under

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

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

Please DO NOT mail prior to May 1, 2019.

Any application postmarked prior to May 1st will be rejected.

**ALL applications MUST be mailed. No in-person applications will be
accepted.**

All applications must be received by May 15, 2019.