

**6th Annual  
Jared Roe Memorial Walleye Tournament  
Application**

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

1. Contact Member Name (Team Captain): \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Number of team members 15 years of age or younger: \_\_\_\_\_

**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 2, 2022.**

Any application postmarked prior to May 2nd will be rejected.

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

All applications must be received by May 16, 2022.