



Figure Eight Island • North Carolina
October 16-18, 2008

ANGLER INFORMATION

BOAT NAME: _____

Angler #1(main contact): _____

Address: _____

Phone: _____ Fax: _____

Please check T-shirt size: S ___ M ___ L ___ XL ___ XXL ___

Please check fishing shirt size: S ___ M ___ L ___ XL ___ XXL ___

Will you need room information? Yes ___ No ___

Will spouse be attending social functions? Yes ___ No ___

Signature: _____

Angler #2: _____

Address: _____

Phone: _____ Fax: _____

Please check T-shirt size: S ___ M ___ L ___ XL ___ XXL ___

Please check fishing shirt size: S ___ M ___ L ___ XL ___ XXL ___

Will you need room information? Yes ___ No ___

Will spouse be attending social functions? Yes ___ No ___

Signature: _____

Please indicate your preferred style of fishing:

Experience Level (please circle):

- Fly Fishing
- Spin/Plug
- Bait

- Experienced
- Intermediate
- Beginner

____ **I/We have a guide/ Name:** _____ **Phone:** _____

____ **I/We need a guide**

DISCLAIMER 1: All participants in the tournament enter at their own risk. Officials, committee members and all persons connected directly or indirectly with the operation of the Cape Fear Red Trout Celebrity Classic shall be exempt from any liability suffered to any participant, entrant, sports fisherman, their companions, captains, vessels, and equipment which may occur during the tournament. Participants may be photographed at the event and those photographs may be used in conjunction with promotion of the tournament.

DISCLAIMER 2: Full sponsorship amounts are due no later than **September 18, 2008**. No exceptions will be made. Any participant unable to attend the event without one- month advance notice will not be eligible for a refund.

I understand and agree to the above paragraph and agree to abide by the tournament rules.

Signature: _____ Date: _____

Payments can be made by cash/check/credit card. For credit card, please fill out bottom portion. Registration fees and/ or sponsorship can also be made by stock transfer. Contact the CF Foundation for assistance. Please send your information to the address below:

____ Visa ____ MC ____ America Express ____ Discover

Card number _____ Expiration Date _____

Name on Card _____

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The CF Foundation is a non-profit organization, 501c(3) corporation: Tax ID # 13-1930701