

Please use separate registration form for each person
Make checks payable to: Eagle River Chamber of Commerce
Return to: Eagle River Area Chamber of Commerce & Visitors Center
P.O. Box 1917-MT, Eagle River, WI 54521

(PLEASE PRINT CLEARLY)

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Please Check Here if New Address

Email _____

Lake Family:

1st Choice: _____

2nd Choice: _____

Husband/Wife

Spouse Name: _____

Youth Division (8-15 years of age)

(Parent/Guardian signature required)

T-Shirt Size: S M L XL

XXL XXXL

List Your Fishing Partner(s): _____

**ENTRY FEE MUST BE POSTMARKED
BY AUGUST 1, 2024
\$75.00 per person**

Please make checks payable to:
Eagle River Chamber of Commerce

OFFICE USE ONLY:

Check # _____

Amt. Paid _____

Postmark Date _____

Lake _____

Assignment _____

**INSURANCE WAIVER MUST BE
COMPLETED ALONG WITH
REGISTRATION**

I am voluntarily participating in the 2024 National Championship Musky Open scheduled for August 16, 17 & 18, 2024.

I am aware that my participation in this tournament creates the risk of personal injury. My participation could also cause loss or damage to personal property.

I expressly agree to assume all risks of personal injury/loss to personal property or other tournament participants.

I hereby release and discharge the tournament sponsors/donors of the Eagle River Area Chamber of Commerce & Visitors Center and the Musky Clubs Alliance of Wisconsin, their officers, agents and employees and all volunteer workers from any injuries, damages or loss sustained, caused by negligence.

Any and all taxes are winner's responsibility.

I have read the release of liability participation agreement and understand all terms and conditions including the rules and regulations of the tournament.

Signed _____

Date _____

If you have any questions call the: