

ACJCS/TIBF/IBN
SCALES OF JUSTICE BASS TOURNAMENT
Sunday, September 17, 2017
Strike Reservoir, Scout Park
Check-In Time 9:00 am; Tournament Hours: 11:00 – 3:00p.m

PLEDGE OF PARTICIPATION & APPLICATION- BOATER

(Please Check Box)

- BOATER:** I agree to participate as a contestant in the **Scales of Justice Bass Tournament** with a juvenile probationer selected by ACJCS, and I am willing to offer the use of my boat for purposes of this event.

Boater Name (please print) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Extra Youth in Boat Yes No

Certificate of Personal Liability Insurance

Complete the following certification and **enclose a binder of copy of insurance** reflecting the following information.

Make/Year of boat _____ Make/HP of engine _____

Insurance Co _____ Agent Name _____

Policy # (minimum liability \$100,000) _____ Effective Date _____ Expires _____

***(Note: insurance coverage must be in effect for September 17, 2017)**

I hereby certify that the aforementioned insurance coverage will indemnify my operation of the above boat at the Scales of Justice Tournament.

Signature _____ Date _____

***Failure to complete the above certificate and to furnish proof of insurance with this application will nullify your entry.**

PLEDGE OF PARTICIPATION - NON-BOATER VOLUNTEER

(Please check Box)

- NON-BOATING VOLUNTEER:** I am willing to participate as a volunteer at the **Scales of Justice Bass Tournament**.
- I prefer to assist in the following areas: (**Please Circle**) we are asking ALL volunteers to complete a Waiver in order to participate. Please contact the number below to send the Waiver.

- Launching/inspection Ooze-Off Weigh-In Awards Photos
- Raffle Cook- Out Clean-up Other

Name (please print) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

*****SCALES OF JUSTICE BASS TOURNAMENT*****
Return completed form to: ACJCS/TIBF/IBN SCALES OF JUSTICE BASS TOURNAMENT,
6300 W DENTON BOISE, ID 83704
ATTN: SARA HUDSON (577-4814) or Renee Cox (577-4865)
OR FAX TO 577-4809 ATTN: SARA HUDSON