

# NEBA OF NH 2021 TRAIL TOURNAMENT APPLICATION

Both team members must be current members NEBA of NH. A copy of your current liability insurance policy (both if you share boats) for minimum of \$300,000 liability must accompany application. Non-refundable entry fees or deposit equal to two event fees to be submitted with application (by April 1st please). We request you indicate which tournaments you intend to enter and pay balance prior to first tournament. Tournament fee is \$150.00 per tournament. Minimum of 2 Trail Tournaments must be fished.

Top half of field (4 out of 6 events) will qualify for 2 day TOC

We intend to fish the following:

\_\_\_ #T's checked x 150.00 = \_\_\_\_\_ Deposit enclosed (min \$300) \_\_\_\_\_

Balance Due (before first event) \_\_\_\_\_

**Deposit due by April 1st!**

- \_\_\_ 5/9/2021 Newfound Lake (Wellington Sate Park Launch)
- \_\_\_ 6/27/2021 Lake Sunapee (Goodhue Boat Company – Formally Sargent’s Marina). Parking at Dave LeBlanc’s house
- \_\_\_ 7/11/2021 Hinsdale – Ct. River (Norm’s Marina) **\$20.00 Launch Fee (subject to change)**
- \_\_\_ 7/25/2021 Winni (West Alton Marina) - **\$20.00 weigh-in fee (NEBA to pay \$10 of \$30 total)**
- \_\_\_ 8/1/2021 Winnisquam (State Launch) Additional parking at Northeast Tire (1.6 miles)
- \_\_\_ 9/12/2021 Ossipee (Lakefront Landing Marina) **\$20.00 Launch Fee (subject to change)**

TOC - Sat. & Sun Oct. 2nd & Oct. 3rd on Squam Lake – Weigh-In at Boulder’s Motel an Cottages. **\$20.00 Launch Fee/day (subject to change)**

Boater _____	Partner _____
Address _____	Address _____
Town _____	Town _____
State & ZIP _____	State & ZIP _____
Email _____	Email _____
Cell Phone _____	Cell phone _____

**PLEASE ENTER EMAIL AS WE UPDATE EVERYONE** by email.

By entering the Northeast Bass Association of NH Team Trail, I/WE hereby waive all liability claims against tournament officials, sponsors, hosts and all parties associated with said trail. In addition I/we agree to abide by all tournament rules which I/we have read and understood.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail application, deposit, any balances and insurance copies to: Al Smith, 2 Riverview Circle, Litchfield, NH, 03052 If you have questions, contact Al Smith 603-860-6767, [asmith6767.as@gmail.com](mailto:asmith6767.as@gmail.com) or check [www.nebaofnh.com](http://www.nebaofnh.com).