



Tournament Rewards™

Enrollment Form

Owner Information

Given Name: _____ Boat Serial #: _____

Last Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Daytime Phone: _____ Cell Phone: _____ Evening Phone: _____

E-Mail Address: _____

I have read, and will abide by, the Tournament Rewards™ program rules.

Signature: _____

Shirt Size: _____ Name of Local Newspaper: _____

Elite (\$89.00 + \$10.00 S&H)

Method of Payment

Check Money Order

Credit Card: Visa MasterCard Discover

Card Number: _____ Back 3 Digit Number: _____ Exp. Date: _____

Authorized Signature: _____

Note: Program merchandise will be mailed to the address entered above.

Boat Information

Boat Brand and Model: _____

Boat Serial Number: _____

Boat purchased new from (enter dealer name): _____

Boat purchased pre-owned (must be registered in name of program applicant): Yes No

Engine Brand, Model and Horsepower: _____

Engine Serial Number: _____

Please mail or fax this form with payment to:

Tournament Rewards™
2500 East Kearney
Springfield, MO 65898
Attention: Fishing Team
Fax: 866-549-0212

Internal Use: Member Number: _____ BPS Rewards Number: _____