

Entry Application

Make of Boat: _____ Registration Number: _____

Owners Name: _____

Address : _____

City: _____ State _____ Zip Code _____

Phone Number: _____

By my signature I do show that I have liability insurance coverage:

Owners Signature _____

Riders Name: _____

Address : _____

City: _____ State _____ Zip Code _____

Phone Number: _____

Riders Signature _____

Circle Date of tournament this app. is for: 13 Jun. / 11 Jul. / 8 Aug. / 12 Sept.

In signing this application, I hereby waive and release the host, sponsors, and tournament officials of all claims of injury and/or other damage incurred in connection with this tournament.

Mail App. to AMBA

PO. Box, 63

Johnstown, PA 15901

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