



PSWSFA Sheepshead Tournament

Teams Name _____ Captains Name _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____ Phone _____

Anglers Names	1. _____	Entry Fee:	_____
	2. _____	Additional Anglers	_____
	3. _____	Calcutta	_____
	4. _____		
Additional Anglers:	5. _____	TOTAL:	_____
(\$50.00 ea.)	6. _____		

Make checks payable to:

PSWSFA
C/O Christina Grice
PO Box 32
Gwynn, VA. 23066

I understand that I, as a Captain/Crew Member, am responsible for my boat and its occupants and their safety at all times. I and my crew have read and understand all the Rules and Regulations, agree to abide by them, and hereby fully release the PSWSFA, Wallaces Bait and Tackle, Tournament Sponsors, Tournament Committees and all persons connected to this tournament from all liability arising from the tournament and my crew's participation in the tournament and understand I and my crew are solely responsible for the decisions as to when, where, and how my boat is fished and otherwise participates in the event.

Captains Signature _____