

3rd Annual
Sherie Hildreth Ovarian Cancer - Salmon Fish for Life Derby
April 3rd, 2010

Registration Fee: \$75 per Angler (on or before March 26th to guarantee event T-Shirt)
Pro Guide Division \$150 per Angler (on or before March 26th to guarantee event T-Shirt)
Kids 13 & under \$25 per Angler (on or before March 26th to guarantee event T-Shirt)

Boat Info:

Year: _____

Make: _____

Model: _____

Captain Info:

Please Circle Which Division:

Guide / Amature

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone#: _____ **Shirt Size:** **XXL XL L M S**

Angler 1:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone#: _____ **Shirt Size:** **XXL XL L M S**

Angler 2:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone#: _____ **Shirt Size:** **XXL XL L M S**

Angler 3:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone#: _____ **Shirt Size:** **XXL XL L M S**

Angler 4:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone#: _____ **Shirt Size:** **XXL XL L M S**

HOLD HARMLESS AGREEMENT

I the undersigned agree to indemnify and hold harmless Sherie Hildreth Ovarian Cancer Foundation, it's board members, or any other person against loss or expense, including attorney's fees, by reason of bodily injury, property damage, or personal injury arising out if the sole negligence of myself, or other members on this boat while participating in the Salmon Derby.

By signing this Agreement I also recognize that inherent in this activity or related activity there is always chance of injury. I absolve the Sherie Hildreth Ovarian Cancer Foundation of any and all legal liability for harm arising out of my decision to participate in this activity.

Signature

Date

** Blown out River Conditions will result in a Rescheduled date and time *
Please make checks payable to the: Sherie Hildreth Ovarian Cancer Foundation*

Credit Card Information

Type of Card: Visa _____ Master Card _____ Expiration Date _____

Card Holder: _____ 3Digit Security code: _____

Card Number: _____

Street Address: _____ Zip _____

Please mail registration along with your check/credit card info to:

*Sherie Hildreth Ovarian Cancer Foundation
PO Box 327
Gladstone, Or 97027*

*For questions please contact: Bobbi Alwine – 503.810.5535
Jenn Waller - 503.317.8467
Dwayne Kitzmiller – 503.799.0368*

Volunteer Info – Sharon Baranick – sbaranick@yahoo.com

