



*National Registration  
Lions VIP Fishing Tournament  
Outer Banks, NC  
October 13, 14 and 15, 2008*

Office Use Only	
Date Received:	_____
Amount Received:	_____
Check Number:	_____
Refund Check #	_____
Refund Amount:	_____
Date:	_____

**Directions:** Please type or print. The number of states accepted will be limited to 10 and will be accepted on a first-come, first-serve basis. **Each** person attending must fill out a separate application. This includes all drivers, workers, spouses, volunteers and guides requiring accommodations. Otherwise rooms are not guaranteed. Fee includes three nights lodging, (Mon., Tues, & Wed.) six meals, fishing and educational workshops. Application deadline: First-come, first-serve. **No refunds after September 15.** If there are any accidents or medical needs while at the tournament you are required to call 252-202-2329. Send application and fee of **\$50 for VIP's and \$75 for sighted** to: Gwen A. White, Executive Director, PO Box 140, Columbia, NC 27925. Phone: (252) 441-4966 or whiteink1@earthlink.net. Make checks payable to VIP Fishing Tournament, Inc.

1. Name for badge: \_\_\_\_\_  
Last First Nickname

2. Address: \_\_\_\_\_  
PO or where you get mail State where you live

\_\_\_\_\_ City State Zip

Are you a Lion? \_\_\_\_\_ Which Club \_\_\_\_\_

3. Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
(used only for statistics - not shared)

4. E-mail address: \_\_\_\_\_

5. Circle one: Sighted Totally Blind Partially sighted Newly Blind

6. There could be several people to a room. Who is your choice for a roommate?  
\_\_\_\_\_

7. You should arrive between 3 and 5 p.m. (Hotels may not be ready for check-in before then.)

Who is providing your transportation?

\_\_\_\_\_ Name of organization or individual What County

8. In case of emergency, call:

Name	Home Phone	Work Phone
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9. List any medical problems and or medications taken on a regular basis.

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10. Do you use a wheelchair or walker? \_\_\_\_\_

11. Circle preference: Braille    Large Print    Normal Print    Audio (you must bring recorder)

Smoking Room    Non-smoking

12. Do you have a hearing problem? \_\_\_\_\_ Do you need to borrow an ALD? \_\_\_\_\_

Do you have special equipment or dietary needs: If so, what? \_\_\_\_\_

13. Circle fishing preference. If no preference, leave blank. (We will make every effort to meet your request, but since the number able to fish on a boat is limited we make no guarantees.) Boat    Pier

14. Have you attended before: \_\_\_\_\_ How many years? \_\_\_\_\_

**Important Information:** Please enclose the \$50.00 registration fee if you are visually impaired and \$75 if you are sighted, with your application. We regret that necessary advance commitment for housing prevents us from refunding fees after September 15, 2007. Local transportation, and the coordination of this transportation, is the responsibility of the group leaders and participants.

No alcoholic beverages or illegal drugs may be in a participant's possession or consumed by a participant while participating in the event. Any participant found in violation of this regulation will be sent home.

When the NC Lions VIP Fishing Tournament accepts this application, I, the undersigned do hereby release and discharge the NC Lions VIP Fishing Tournament, and any of its agents, affiliates, employees, and servants from any and all claims, liabilities, demands, or rights which I, or any of my friends or relatives, may have against said Tournament or its agents, affiliates, employees, or servants on account of connecting with or growing out of any injury, accident, loss, or damage or suffering, I or my immediate family may hereafter sustain arising out of acceptance of this application.

I further agree to release to the VIP Tournament all rights and privileges to photographs taken of me for use in VIP Fishing Tournament publicity that is in the proper interest of the Tournament.

I have read, or caused to be read to me, the foregoing and do hereby acknowledge that I fully understand each and every part thereof. I acknowledge these regulations and agree to abide by them.

Date: \_\_\_\_\_ Signature of adult applicant \_\_\_\_\_

Signature of Parent or guardian \_\_\_\_\_

**Attention Group Leader:**

I certify, to the best of my knowledge, that this applicant is physically able to fish from a pier or boat.

\_\_\_\_\_  
Group leader's signature