



BOAT CAPTAIN REGISTRATION

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

PHONE: _____

EMAIL: _____

BOAT CAPTAIN FOR WHICH 2 ANGLERS:

1. _____

2. _____

**BOAT CAPTAINS MUST PROVIDE A COPY OF THEIR BOAT INSURANCE
POLICY WITH A MINIMUM LIABILITY COVERAGE OF \$300,000.00.**

B.A.S.S. MEMBERSHIP # _____

(NOT REQUIRED BUT RECOMMENDED)