



**Registration**  
**VIP Fishing Tournament**  
**Outer Banks, NC**  
**October 22, 23, and 24, 2018**

(To be filled out by participants and volunteers coming with the group, including Lions)

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

**Directions:** Please type or print. The number of applicants will be limited to 500 and will be accepted on 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. Forms must be filled out completely and signed or they will be returned and then put in order of acceptance according to the date of the envelope on the next mailing. Fee includes three nights lodging (Monday, Tuesday, & Wednesday), six meals, fishing, and educational workshops. Application deadline: First-come, first-serve. **No refunds after October 10.** 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 **\$85 for VIPs and \$100 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 receive mail County where you live

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

Are you a Lion?  Yes  No Which club: \_\_\_\_\_

3. Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F Home Phone: (\_\_\_\_) \_\_\_\_\_

4. Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

5. Check 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. If you are placed on the waiting list, what is your preference:

- Contact me no later than two weeks prior to the tournament.
- Contact me up to the last minute of an opening.

8. You should arrive between 3:00 pm and 5:00 pm on Monday (Hotels may not be ready for check-in before then.) Who is providing your transportation?

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

9. In case of emergency, call:

\_\_\_\_\_ Name Home Phone Work Phone

10. List any medical problems and/or medications taken on a regular basis (or attach list): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Do you use a wheelchair or walker?  Yes: \_\_\_ Wheelchair \_\_\_ Walker  No
12. Check preference:  Braille  Large Print  Normal Print  Audio (you must bring DVD player)
13. Room preference:  Smoking Room  Non-Smoking Room
14. Do you have a hearing problem?  Yes  No Do you need to borrow a free assisted listening device from the Division of the Deaf and Hard of Hearing?  Yes  No
15. Do you have special equipment or dietary needs? If so, what? \_\_\_\_\_
16. Are you a diabetic?  Yes  No Choice for Monday night \_\_\_\_\_BBQ Pork \_\_\_\_\_BBQ Chicken
17. Check 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
18. Have you attended before?  Yes  No How many years? \_\_\_\_\_
19. Do you have a question you would like the Doctor to answer in Wednesday's session? If so, what?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Important Information:** Please enclose the \$85 registration fee if you are visually impaired and \$100 if you are sighted, with your application. We regret that necessary advance commitment for housing prevents us from refunding fees after October 10, 2018. 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 violating 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 publicly that is in the proper interest of the Tournament. I have read, or caused to 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: \_\_\_\_\_  
 (Required)

Signature of parent or guardian: \_\_\_\_\_  
 (Required)

**Attention Group Leader or Care Giver:**

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

\_\_\_\_\_  
 Group Leader's Signature (Required)