



IGFA

OBSERVER TRAINING COURSE APPLICATION

First Name: _____ Last Name: _____

Mailing Address: _____

Email: _____ Phone Number: _____

Do you plan to observe in tournaments? Yes No

Date of Class: _____ Location of Class: _____

I agree to hold harmless the IGFA, the tournament committee, tournament director or tournament in the event of any physical or emotional harm endured by me while observing in tournaments.

Signed: _____ Date: _____

The price of the Observer Course is \$150. Please make checks payable to the IGFA or pay by credit card:

Please charge amount of \$ 150 to my: Amex MC Visa

Account #: _____ Exp: _____

Name on card (please print): _____

Signature: _____

Send Completed Application To:
International Game Fish Association
300 Gulf Stream Way
Dania Beach, Florida 33004 USA

Fax: 954-924-4299

Email: jvitek@igfa.org

For more information, please contact Jack Vitek at 954-924-4246 or jvitek@igfa.org