

GEORGIA B.A.S.S. NATION



2020-2021

ANGLER REGISTRATION FORM

(This form is complete ONE TIME per season and sent in with your school/club/team Roster)

NAME OF ANGLER:

ADDRESS

CITY

STATE: (GA)

ZIP:

PARENT or GUARDIAN:

PHONE NUMBER 1:

Number 2:

PLEASE PROVIDE 2 CONTACT NUMBERS

PARENT EMAIL:

BIRTHDATE OF ANGLER:

SCHOOL:

Coach/Sponsor at school name & email address:

Contact: Michelle L. Volk

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