

2ND ENTRANT

Print Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

* Signature: _____ Date: _____

* Parent / Guardian Signature: _____ Date: _____

Entrants 17 years and younger require this signature

3RD ENTRANT

Print Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

* Signature: _____ Date: _____

* Parent / Guardian Signature: _____ Date: _____

Entrants 17 years and younger require this signature

4TH ENTRANT

Print Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

* Signature: _____ Date: _____

* Parent / Guardian Signature: _____ Date: _____

Entrants 17 years and younger require this signature

Please return this form along with your payment to:

Rifle Area Chamber of Commerce

Attention: Ice Fishing

200 Lions Park Circle

Rifle, CO 81650

(970) 625-2085, ext #2

mail@riflechamber.com

www.riflechamber.com