

NATIONAL REGISTRATION NC Lions VIP Fishing Tournament October 16-18, 2023

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

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

Directions: Please type or print. The number of applicants will be limited to 344. Applications are first come, first serve. **No refunds after October 1.** Each person attending must fill out an application and including 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. Registration includes three night's accommodations, six meals, fishing and educational workshops. Send application and **registration fee of \$100 for VIPs** or **\$125 for sighted individuals**. Registration covers Monday-Wednesday (three nights). There is a \$50 charge for each additional night requested, if available. Send application to: Gwen White, Executive Director, PO Box 140, Columbia, NC 27925. Phone: (252) 202-2329. Make checks payable to the NC Lions VIP Fishing Tournament. Inc.

NĊ	Lions VIP Fishing Tourna	ament, Inc.		· ,		
1.	Name for badge:	Last	First	 Nickname		
2.	Address:	Mailing Address		County of Residence		
		City Are you a Lion?	State Yes No Which club:	Zip Code		
3.	Birth Date: Age: Sex: M F Home Phone: (Information used only for statistics to get average age of volunteers and medical if needed, and is not shared)					
4.	Work Phone:		Cell:	Email:		
5.	Check One: Sighted Totally Blind Legally Blind Newly Blind					
6.	Are you a veteran?	Yes No	If yes, which branch of service	- ?		
7.	There could be several people to a room. Who is your preferred roommate?					
9.	Contact me no later than two weeks prior to the tournament. Contact me up to the last minute of an opening. You should arrive between 3:00 p.m. and 5:00 p.m. on Monday (Hotels may not be ready for check-in before then). Who is providing your transportation?					
Name of organization or individual				What county?		
10.	In case of an emerge	ency, call:				
	Name		Home/Cell Phone	Work Phone		
11.	List any medical prob	olems, equipment and/o	or medications taken on a regula	ar basis (or attach list):		
12.	Do you use a wheelc	hair or walker? Ye	es No If yes, check wh	ich: Wheelchair Walker		
13.	3. Check preference: Braille Large Print Normal Print Audio (you must bring DVD player)					
14.	P. Do you have a hearing problem? Yes No Do you need to borrow a free assisted listening device from the Division of Deaf and Hard of Hearing? Yes No					

		Group Leader's Signa	ature (Required)
			s applicant is physically able to fish from a nile at the tournament, you are required to
		nature)	
This day	of,2023		(Printed Name)
understand and agree the North Carolina Lions Inc. NC Lions VIP Fishing To may be exposed and mathrough steps of social diresponsibility in taking property in the second of the second	xecutive Order 116, enacted at Covid 19 is a serious nared. Lions International, Lions of purnament. However, nothing by contract Covid 19 by particular stancing, outside activities as eventive measures before at easitive for Covid 19 within the contain risk of contact with olve the organization, volunt and for damages brought by es or illegal drugs may be application, I, the undersigned illiates, employees, and served may have against said Toung out of any injury, accident, as of this application.	tional pandemic/endemic that the lubs and volunteers have taken can be absolutely safe during this cipating in this event. The NC Lious much as possible, voluntary massitending the event. I also certify the 14-day period prior to the tourname other people, and the possibility of eers, Lions clubs, and the sponsor me or my assigns or beneficiaries in an applicant's possession or out home and barred from future end, do hereby release and discharants from any and all claims, liabiliarnament or its agents, affiliates loss, or damage or suffering, I or not provide the set of the event. I have read, of	Law 2020-89 House Bill 118 Covid 19, I Power No. 19
Covid-19 vaccination will behalf of the event shou	I be required. Any volunteer	who is involved in an accident or ent by calling (252) 202-2329. Re	risk." Masks are optional and no proof of r witnesses an accident while working on equests for medical assistance should be
18. Have you attended		lo If yes, how many years?	
• .	·	ave blank. (We will make every on the make no guarantees).	effort to meet your request, but since
Choice for Choice for	Monday Dinner Tuesday Dinner Wednesday Banquet	Fish Pork Loin	BBQ Chicken Chicken Tenders
16. The meals are don	ated. We cannot provide sp	ecial meals to meet specific die	tary, medical and religious needs.
15. Are you diabetic?	Yes No		