

## NATIONAL REGISTRATION NC Lions VIP Fishing Tournament October 20-22, 2025

(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 #				
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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, 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 nights' accommodation, six meals, fishing and educational workshops. Send application and **registration fee of \$125 for VIPs** or **\$175 for sighted individuals**. Registration covers Monday-Wednesday (three nights). Regular room rates apply for each additional night requested, if available. Do **not** contact the hotels directly. 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. **Registration deadline is Aug. 15. 2025**.

		o to the NC Lions VIP Fish	ning Tournament, Inc. <b>Regis</b> t	tration deadline is	s Aug. 15, 2025.	
1.	Name for badge:	Last	First		Nickname	
2.	Address:					
		Mailing Address			County of Residence	
		City	State		Zip Code	
		Are you a Lion?	Yes No Which	club:		
3.	Birth Date: (Information used or	Age: nly for statistics to get the	Sex: M		one: if needed, and is not shared)	
4.	Work Phone:		Cell:	Email:		
5.	Check One:	Sighted Totally	/ Blind Legally Blind	d		
6.	Are you a veteran?	Yes No	If yes, which branch of s	ervice?		
7.	There could be seve	ral people to a room. V	Vho is your preferred room	nmate?		
8.	If you are placed on	the waiting list, what is	your preference:			
	Contact me no	o later than two weeks i	prior to the tournament.			
	Contact me up	p to the last minute of a	n opening.			
9.	You should arrive be Who is providing you		:00 p.m. on Monday (Hote	els may not be re	ady for check-in before then).	
	Name of organizatio	n or individual		What county?		
10.	In case of an emerg	ency, call:				
	Name		Home/Cell Pl	hone	Work Phone	
11.	List any medical pro	blems, equipment and/	or medications taken on a	regular basis (o	r attach list):	
12.	Do you use a wheel	chair or walker?	es No If yes, che	eck which:	Vheelchair Walker	
13.	6. Check preference: Braille Large Print Normal Print Audio (you must bring DVD player)					
14.	Do you have a heari Division of Deaf and	ing problem?  Yes I Hard of Hearing?	No Do you need to	borrow a free as	sisted listening device from the	

do he by the This  Attenpier o	ereby acknowledge that em.  day of ention Group Leader or	r Care Giver: I certify, to the		
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do he	ereby acknowledge tha			
l furth		y that is in the proper intere	est of the event. I have read, or o	eges to photographs taken of me for use ir caused to be read to me, the foregoing and ledge these regulations and agree to abide
found accep its age or rela growir	I violating this regulations this application, I, thents, affiliates, employ atives, may have again	legal drugs may be in an ap on will be sent home and he undersigned, do hereby rees, and servants from an enst said Tournament or its accident, loss, or damage of	barred from future events. Whe release and discharge the NC by and all claims, liabilities, demandagents, affiliates, employees, or	ompliance ed on tournament premises. Any participanten the NC Lions VIP Fishing Tournament Lions VIP Fishing Tournament, and any or ands, or rights which I, or any of my friends r servants on account of connecting with or family may hereafter sustain arising out or
Covid behalf	I-19 vaccination will be If of the event should	e required. Any volunteer \	who is involved in an accident on t by calling (252) 202-2329. R	n risk." Masks are optional and no proof or or witnesses an accident while working or Requests for medical assistance should be
18. F	Have you attended be	efore? Yes No	o If yes, how many years?	·
t	the number to fish on	a boat is limited, we make	e no guarantees).	Boat Pier
17. C	Check fishing preferer	nce. If no preference, leav	ve blank. (We will make every	effort to meet your request, but since
	Choice for	Monday Dinner Tuesday Dinner Wednesday Banquet	BBQ Pork Fish Pork Loin	BBQ Chicken Chicken Tenders
	Choice for			•
16. 1	Choice for	d. We cannot provide spe	ecial meals to meet specific di	etary, medical and religious needs.
	Choice for	Yes No ed. We cannot provide spe	ecial meals to meet specific di	etary, medical and religious needs.