



VOLUNTEER REGISTRATION NC Lions VIP Fishing Tournament

October 19-21, 2026

(To be filled out by volunteers coming without a group)

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

Directions: Please type or print. Applications are first come, first serve. **No refunds after October 1.** Each person attending must fill out an application and include the registration fee. Registration includes accommodations and eight meals. Send application and **registration fee of \$200 for double occupancy or \$250 for single occupancy.** Registration covers Sunday-Wednesday (four nights). Regular room rates apply for each additional night requested, if available. Do not contact the hotel directly. Send application to: Executive Director J. Owen White, PO Box 1010, Kill Devil Hills, NC 27948. Phone: (252) 441-4966. Make checks payable to the NC Lions VIP Fishing Tournament, Inc. **Registration deadline is Aug. 15, 2026.**

- Name for badge: _____
Last _____ First _____ Nickname _____
- Address: _____
Mailing Address _____ County of Residence _____
City _____ State _____ Zip Code _____
- Your Title: _____ Club: _____ District: _____
- 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)
- Work Phone: _____ Cell: _____ Email: _____
- Check One: Sighted Totally Blind Partially Sighted
- Volunteers are needed from 1:00 pm Sunday through the clean-up on Thursday morning. How long can you volunteer? _____
How many nights do you plan to stay? _____ When do you plan to arrive? _____
- Would you be willing to share a room? Yes No
If so, who is your preferred roommate? _____
- Check fishing preference. If no preference, leave blank. Boat Pier
 I do not want to help with fishing or be on a pier. Please find me another job.
- Do you have a county, group or volunteer you want to be paired with on fishing day? Yes No
If yes, name: _____
- Have you attended before? Yes No If yes, how many years? _____
- Emergency Contact: _____
Name _____ Home/Cell _____ Work _____
- Are you diabetic? Yes No
- List any medical problems, equipment and/or medications taken on a regular basis for emergencies. Attach an extra sheet if necessary.

- Do you have a preference of volunteer activities you would like to do? Yes No
If so, please list: _____

- Preferred work schedule (check all that apply) Morning Evening No Preference

17. These are some of the volunteer jobs. Select jobs and number in priority order:

- | | | |
|---|--|---|
| <input type="checkbox"/> Runner (deliver food) | <input type="checkbox"/> Dance Monitor | <input type="checkbox"/> Clean Rods/Reels |
| <input type="checkbox"/> Server (put food on plate) | <input type="checkbox"/> Bible Study Monitor | <input type="checkbox"/> Pier Registration |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Serving Beverages | <input type="checkbox"/> Cutting Up Bait |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Working Kitchen | <input type="checkbox"/> Clean Up |
| <input type="checkbox"/> Working Breakfast | <input type="checkbox"/> Registration Packets | <input type="checkbox"/> Scorer (Boats/Piers) |
| <input type="checkbox"/> Working Dinner | <input type="checkbox"/> Sort Golf Balls Numerically | <input type="checkbox"/> Set Up Tables |
| <input type="checkbox"/> Prepare Tuesday lunches | <input type="checkbox"/> Prepare Fishing Equipment | <input type="checkbox"/> I am driving a pick-up |

18. The meals are donated. We cannot provide special meals to meet specific dietary, medical and religious needs.

- | | | | |
|------------------|-------------------------|-----------------|-----------------------|
| Choice for _____ | Monday Dinner _____ | BBQ Pork _____ | BBQ Chicken _____ |
| Choice for _____ | Tuesday Dinner _____ | Fish _____ | Chicken Tenders _____ |
| | Wednesday Banquet _____ | Pork Loin _____ | |

19. Hotel Preference:

- | | | |
|--|--|--|
| <input type="checkbox"/> Carolina Inn | <input type="checkbox"/> Heart of Manteo | <input type="checkbox"/> Shutters on the Banks |
| <input type="checkbox"/> Comfort Inn North | <input type="checkbox"/> Hotel Manteo | <input type="checkbox"/> Towneplace Suites |
| <input type="checkbox"/> Comfort Inn South | <input type="checkbox"/> Ramada Plaza | <input type="checkbox"/> Travelodge |

Important Information: The NC Lions VIP Fishing Tournament is “come at your own risk.” Masks are optional and no proof of Covid-19 vaccination will be required. Any participant or volunteer who is involved in an accident or witnesses an accident while working on behalf of the event should promptly report the incident by calling (252) 441-4966. Requests for medical assistance should be reported on-site to medical personnel and Executive Director J. Owen White.

NC Lions VIP Fishing Tournament Waiver and Compliance

No alcoholic beverages or illegal drugs may be in an applicant’s possession or consumed on tournament premises. Any participant found violating this regulation will be sent home and barred from future events. When the NC Lions VIP Fishing Tournament accepts this application, I, the undersigned, do hereby release and discharge the NC Lions VIP Fishing Tournament, and any of its agents, affiliates, employees, and servants from any and all claims, liabilities, demands, or rights which I, or any of my friends or relatives, may have against said Tournament or its agents, affiliates, employees, or servants on account of connecting with or growing out of any injury, accident, loss, or damage or suffering, I or my immediate family may hereafter sustain arising out of acceptance of this application.

I further agree to release to the NC Lions VIP Fishing Tournament all rights and privileges to photographs taken of me for use in Fishing Tournament publicly that is in the proper interest of the event. I have read, or caused to be read to me, the foregoing and do hereby acknowledge that I fully understand each and every part thereof. I acknowledge these regulations and agree to abide by them.

Signature

Date

Print Name