WELCOME TO THE CHRISTIAN BASS LEAGUE

CBL Team Application

Name (boat owner):	
Address:	
City:	Zip Code:
Home Phone:	Cell Phone:
E-Mail:	
BOAT OWNERS MUST PRO UPON REQUEST.	OVIDE PROOF OF LIABILITY INSURANCE (\$100,000 MINIMUM)
INSURANCE COMPANY N	AME:
POLICY NUMBER:	POLICY PERIOD:
LIMIT OF LIABILITY: <u></u>	

Name (team partner):	
Address:	
	Zip Code:
Home Phone:	Cell Phone:
E-Mail:	
 I acknowledge having I acknowledge that I h website. I agree to defend, inde volunteers from all r or arising in the futu 	the minimum liability insurance (boat owners only). have read, understand and will comply with all rules as detailed in the CBL emnify and hold harmless the CBL, its Director and/or his designee and ights, claims, demands, and damages of any kind, known or unknown, existing re resulting from or related to my participation in the CBL. horize my name and images may be used or displayed for use in the CBL
SIGN	DATE
Boat O	
SIGN	DATE
Team P	artner