



B.A.S.S. FEDERATION NATION OF VA INC.
YOUTH MEMBER REGISTRATION FORM

Child's Name: _____

Date of Birth: _____

Circle One: Male / Female

Parent's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number (s): Home _____ Cell _____

Email: _____

Signature: _____

Club Name Assigned: _____

Membership costs \$20

\$10 B.A.S.S. & \$10 B.A.S.S. Federation Nation of VA

*Regional and National competitions are limited to two age brackets: 10-14 and 15-18

Youth Director:
Dutch Millsaps
254-392-0212
millsapsrc@cox.net

Secretary/Treasurer:
Pam Bryant
434-432-1053 home / 276-634-6039 cell
pbryant@hughes.net

Paid Date: _____ Type Payment: _____ Amount: _____

After the first initial roster is sent in, please use the attached form or add to bottom of enclosed roster and send to Pam Bryant. This will help speed up updating rosters and it will be more accurate for us.

Thanks, Pam

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