



HURON PARKS & RECREATION FISHING TOURNAMENT application

APPLICATION INFORMATION (please type or print)

Today's Date: _____

Name of Tournament: _____

Tournament Sponsor: _____

Name of Applicant: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

TOURNAMENT INFORMATION

Tournament Fish Species Sought: _____

Location of Start & Starting Time: _____

Weigh In Location & Time: _____

Tournament Dates: _____ Weather Date: _____

Starting Time: _____ Ending Time: _____

Number of Participants (estimated): _____ Number of Boats (estimated): _____

Signature: _____ Date: _____

Mail Fishing Tournament Application to: City of Huron | Attn: Huron Boat Basin | 417 Main Street | Huron, Ohio 44839 | Drop-off Form at the Boat Basin Building, 330 N. Main Street, Huron | Questions? call: 419/433-4848 | email: boatbasin@huronohio.us

Huron Parks & Recreation use:

Res. _____ Non-Res. _____ Payment _____ Approved _____