

**8th Annual
Jared Roe Memorial Walleye Tournament
Application**

Team Name: _____

1. Contact Member Name (Team Captain): _____

Address: _____

Phone #: _____

2. Member Name: _____

Phone #: _____

3. Member Name: _____

Phone #: _____

Number of team members 15 years of age or younger: _____

Mail completed application, waiver of liability form, and entry fee to:

Jared Roe Memorial
% Jerry and Julie Roe
28279 Cove Road
Hot Springs, SD 57747

Please DO NOT mail prior to May 1, 2024.

Any application postmarked prior to May 1st will be rejected.

**ALL applications MUST be mailed. No in-person applications will be
accepted.**

All applications must be received by May 15, 2024.