

Over
\$20,000
In Prizes

37th

Anniversary **CATS**
INCREDIBLE
EAST GRAND FORKS, MINNESOTA



CATFISH TOURNAMENT

EAST GRAND FORKS, MINNESOTA

July 26th & 27th 2024

\$280.00 Entry Fee Per TWO Person Team

1st Place.....\$10,000	6th Place.....\$1400	Plus 7 random prizes of \$500
2nd Place.....\$3500	7th Place.....\$1300	
3rd Place.....\$2500	8th Place.....\$1200	
4th Place.....\$2000	9th Place.....\$1100	
5th Place.....\$1500	10th Place...\$1000	

Prizes based on 125 teams
Payout equals 80% of entry fee's

Tournament Hours Friday 9-6 Saturday 7-4



← SIGN UP HERE ON QR CODE
OR
DROP OFF APPLICATION →

2024 CATS INCREDIBLE TOURNAMENT ENTRY FORM

Registration also available online at www.catsincredibletournament.com

(Please Print ALL information below for valid entry form)

NAME: _____ ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____
 PHONE: _____ SOC.SECURITY#(optional): _____
 AGE: _____ #YEARS IN TOURNAMENT _____ EMAIL(optional): _____

NAME: _____ ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____
 PHONE: _____ SOC.SECURITY#(optional): _____
 AGE: _____ #YEARS IN TOURNAMENT _____ EMAIL(optional): _____

Did this team finish in the top ten in the 2023 tournament YES ___ NO ___

Incomplete or unsigned applications will be returned! ENTRY FEE: \$280 per team of 2 – Make check or money order payable to IAFF LOCAL 3423 and mail to IAFF Local 3423, 415 4th ST NW, East Grand Forks MN, 56721

I (we) have read and understand the rules. I (we) release with our signature(s) all sponsors and officials concerned from any and all responsibility and liability. I (we) further give IAFF 3423 permission to publish in print, electronic, or video for-mat, our image or likeness. I (we) release all claims with respect to copyright further give IAFF 3423 permission to publish in the use of such material. (Both contestants **MUST** sign.)

Signature: _____ Date: _____ Signature: _____ Date: _____

CREDIT CARD PAYMENTS

Please print clearly. Incomplete or illegible card numbers will be cause for return of entry form.

Full Name (as it appears on card) _____

Amount \$ _____

Card Number _____ Card Type: VISA _____ MC _____

Expiration Date: _____ V-Code (last 3 digits on back side of card) _____

Authorized Signature _____

For office use only. Do not write below this line.

Date Entry Form Received/Postmarked _____ Team Number Assigned _____

Confirmation Sent _____

Date Processed _____

****See Official Rules and Register Online at www.catsincredibletournament.com***

For more Information Contact:

IAFF LOCAL 3423 PH.(218)399-3474(leave message), iafflocal3423@yahoo.com

****Most Messages will be returned within 24hrs.****