



CLAIM FORM

PERSONAL

Name _____
 Address _____
 City _____ State _____ Zip _____
 Email _____ Phone Number _____ T-Shirt Size _____

TOURNAMENT PARTICIPATION

PLACE OF FINISH: _____

- Bassmaster Elite Series: _____
- Bassmaster Open Series: _____
- MLF Bass Pro Tour: _____
- MLF Tackle Warehouse Pro Circuit: _____ MLF Toyota Series: _____
- Bass Pro Shops U.S. Open Series: _____
- College Series Trails: _____
(Carhartt Bassmaster College Series, MLF College Series)
- Team Tournament Trails: _____
(Alabama Bass Trail, Texas Bass Champs, Texas Team Trail, Champions Tour, Wisco Bass Anglers, Carolina Bass Challenge, Team Trail Outdoors)
- High School Series Trails: _____
(Bassmaster High School, MLF High School)
- National Professional Fishing League: _____
- Lady Bass Angler Association: _____
- Major League Fishing Bass Fishing League: _____

COSTA SUNGLASSES INFORMATION

Enter the Frame Style and information for the Costa(s) you wore at tournament.

Frame style: (Ex: Fantail) _____ Lens Type: (check one) Glass Poly
 Lens Color: (check color) Blue Mirror Green Mirror Grey Grey Silver Mirror Sunrise Silver Mirror Copper Copper Silver Mirror

I _____ (print name) certify that the information provided here is correct. I am not an employee of Dynamic Sponsorships, L.L.C., Costa Del Mar, their agents, affiliates, or subsidiaries, as well as immediate family members (whether or not related) of same. I certify that I have read Sponsor's Official Program Rules, and am both aware of, and have fully complied with, said rules. I understand that receipt of any prize offered in this Program is contingent upon full compliance with the Program rules, as well as rules for the supported event(s) in which I participated. I fully understand that any misrepresentation of facts as to my eligibility for participation or receipt of prize, whether intentional or unintentional, will be sufficient cause to forfeit any prize award provided by the Sponsor. I agree to allow the Sponsor to use my name, likeness, photo or video for any and all promotional purposes without further permission or compensation.

RETURN INFORMATION:

Please mail, fax or email this form to:
 Dynamic Sponsorships
 Attn: Compete+Conserve Program
 4860 S. Lewis Ave., Suite 100
 Tulsa, OK 74105
 Phone: (918) 742-6424
 Fax: (918) 742-9628
 costa@dynamicssponsorships.com

Signature: _____ Date: _____

CONTINGENCY PAYMENT: Award form must be submitted within 10-days of finish to be considered valid. Upon verification and approval of award, contingency payment (in the form of a bank check) will be sent via the U.S. mail. Winners should allow at least 8-weeks for approval, processing, and distribution.

DESIGNATED CARD HOLDER MUST COMPLETE IRS FORM W-9 BELOW. THIS IS A U.S. GOVERNMENT FORM AND THE INFORMATION WILL BE REPORTED TO THE INTERNAL REVENUE SERVICE.
YOU ARE SUBJECT TO FEDERAL PROSECUTION FOR FRAUDULENT COMPLETION.

Form W-9 <small>(Rev. October 2007) Department of the Treasury Internal Revenue Service</small>	<h2 style="margin: 0;">Request for Taxpayer Identification and Certification</h2>	Give this form to the requester. Do NOT send to the IRS.
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Name _____	Requestor's name & address (optional)
Please check appropriate box: <input type="checkbox"/> Individual/Sole proprietor	List account number(s) here (optional)
Address (number and street)	
City, State and ZIP Code	

Part I	Taxpayer Identification Number (TIN) Enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number.	Social Security Number	Part II	For Payee Exempt From Backup Withholding (See instructions)
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Certification — Under penalties of perjury, I certify that:
 (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
 (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
 (3) I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Sign Here	Taxpayer Signature _____	Date _____
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