

Sign Here

Taxpayer Signature

CLAIM FORM

Date

PERSON	IAL								
Name						_			
						_			
City				State		Zip			
Email				Phone Nur	nber		T-Shirt	Size	
		RTICIPATION PLAC							
Bassr	master E l i	te Series:							
Bassr	master Op	en Series:							
		Tour:							
☐ MLF	Tackle Wa	rehouse Invitational	s:		MLF Toyota S	Series:			
(Bassmann) (Bassmann) (Alabam (Alabam (Bassmann)	Tourname na Bass Trail, E School Seri aster High Sch	e Series, MLF College Serient Trails: ass Angler Magazine, Texas Tes Trails: pol, MLF High School, Texas F	eam Trail, Wisco Bass Angli	ers, Skeeter XFI					
		onal Fishing League: _							
Lady E	Bass Angle	r Association:							
Major	League Fis	shing Bass Fishing Lea	jue:						
		SSES INFORMATION		wore at tour	nament.				
Eromo et	hulo: (Ev. E	antail)				Long Tur	or (abook ana) [Closs D Poly	
Lens Col	or: (check o	color) 🗖 Blue Mirror 🗖	-	-					
of same. I certifunderstand that the supported e receipt of prize,	fy that I have re t receipt of any event(s) in whic , whether inten	el Mar, their agents, affiliates, ad Sponsor's Official Program prize offered in this Program is h I participated. I fully understational or unintentional, will be same, likeness, photo or video for	Rules, and am both aware of contingent upon full complied that any misrepresentation of that cause to forfeit any	nmediate family of, and have fully iance with the Proon of facts as to prize award prov	members (whether complied with, sai ogram rules, as we my eligibility for par vided by the Spons	or not related) d rules. I ll as rules for rticipation or or. I agree to	Please mail, fax on Dynamic Sponsors Attn: Compete+Co 7120 E 13th Street Tulsa, OK 74112 costa@dynamicsp	r email this form to: hips nserve Program	
Signature: _			Date:						
		YMENT: Award form mu (in the form of a bank che						pproval of award, processing, and distribution	
DESIGNATED (CARD HOLDER		N-9 BELOW. THIS IS A U.S. O ARE SUBJECT TO FEDERAL				BE REPORTED TO THE	INTERNAL REVENUE SERVICE.	
Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification and Certification						Give this form to the requester. Do NOT send to the IRS.	
Name									
Please check appropriate box: ☐ Individual/Sole proprietor							Requestor's	Requestor's name & address (optional)	
Address (number and street)							List account	List account number(s) here (optional)	
City, State an	d ZIP Code								
Part Enter your		yer Identificatio axpayer identification number als and sole proprietors, this is	n the appropriate box.		Social Security	Number	Part I	For Payee Exempt From Backup Withholding (See instructions)	
(1) The number (2) I am not sub backup withl	shown on this ject to backup holding as a re	es of perjury, I certify that: form is my correct taxpayer id withholding because: (a) I am sult of a failure to report all inte U.S. person (defined below).	exempt from backup withho	olding, or (b) I ha	ve not been notified	d by the Internal F		nat I am subject to	
Certification ins	structions. You on your tax retu	must cross out item 2 above rn. For real estate transactions angement (IRA), and generally,	item 2 does not apply. For	mortgage interes	st paid, acquisition	or abandonment o	of secured property, can	cellation of debt, contributions	