# TBF of Michigan State Championship

## Club Team Roster

**Club:** **Club #**

| FLW # | Member Name | Street/PO Box | City, State Zip | Btr* | Non* | Email | Ranger Cup |
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President's Name/Phone: _____ Pres Email: _____

Secretary's Name/Phone: _____ Sec Email: _____

Instructions

*1. Clubs must send an equal number of boaters to non-boaters. Example: sending 5 boaters, you must send 5 non-boaters

2. Enclose a check payable to: **TBF of MI Inc** in the amount of **$100.00** per member participant.

3. Mail roster and payment to:

DAVID C REAULT
37172 SIX MILE RD
LIVONIA MI 48152

or

MATT BELLETINI
851 ANN ST
BIRMINGHAM MI 48009

Entries Must Be Received by Monday, July 9, 2012