

# 2025 Kingfish Shootout

June 14, 2025

Weigh In 2pm-6pm



Team Name \_\_\_\_\_ Boat Name \_\_\_\_\_

Boat Description \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

## TEAM CAPTAIN

First \_\_\_\_\_ Last \_\_\_\_\_ Shirt Size \_\_\_\_\_

Email \_\_\_\_\_ Cell Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## ANGLER

First \_\_\_\_\_ Last \_\_\_\_\_ Shirt Size \_\_\_\_\_

Email \_\_\_\_\_ Cell Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Youth  Yes  No Lady  Yes  No

## ANGLER

First \_\_\_\_\_ Last \_\_\_\_\_ Shirt Size \_\_\_\_\_

Email \_\_\_\_\_ Cell Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Youth  Yes  No Lady  Yes  No

## ANGLER

First \_\_\_\_\_ Last \_\_\_\_\_ Shirt Size \_\_\_\_\_

Email \_\_\_\_\_ Cell Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Youth  Yes  No Lady  Yes  No

## ANGLER

First \_\_\_\_\_ Last \_\_\_\_\_ Shirt Size \_\_\_\_\_

Email \_\_\_\_\_ Cell Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Youth  Yes  No Lady  Yes  No

## ANGLER

First \_\_\_\_\_ Last \_\_\_\_\_ Shirt Size \_\_\_\_\_

Email \_\_\_\_\_ Cell Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Youth  Yes  No Lady  Yes  No

**Make checks payable to:  
CQM Kingfish Shootout, P. O. Box 500, Midway, FL 32343**