B.A.S.S. Federation Nation® Alliance Benefit Fulfillment Form

MEMBER INFORMATION								
Member Name:			SS#:					
Address:								
City:			State: Zip:					
Phone:			Shirt Size:	S□	М 🗆	L 🗆	XL 🗆	XXL 🗆
QUALIFICATION								
Qualifying B.A.S.S. Federation	n Nation Tournament:							
Qualifying Date:			Finish:					
☐ State Championship	☐ Federation Nation	ier		Classic Ch	ampion			
☐ 12-Angler State Team	☐ FNC Champion					BASS Club	World Cha	ampionship
TRITON BOAT								
Model:								
Year:			Serial:					
MERCURY MOTOR								
Model:			Horsepower:					
Year:			Serial:					
LOWRANCE								
Model:			Serial:					
MOTORGUIDE								
Model:			Serial:					
ОРТІМА								
UPC:			Non-Spillable Number:					
Please attach copy of current boat/motor warranty registration to verify ownership. Proof of ownership for Lowrance and MotorGuide may include bill of sale with equipment listed or proof of warranty registration. Please complete this form, retain yellow copy for your records and return white copy to the address shown here:			BASS Attention: Federation Nation Coordinator P.O. Box 10000 Lake Buena Vista, FL 32830 Main Phone: 407-566-BASS (2277)					
☐ Triton Bonus	Approved:	Deni	Denied by:				Date:	
☐ Mercury Bonus	Approved:	Deni	Denied by:			Date:		
☐ Lowrance Bonus	Approved:	Deni	ed by:			1	Date:	
☐ MotorGuide Bonus	Approved:	Deni	ed by:			1	Date:	
☐ Optima Bonus	Approved:	Deni	ed by:			1	Date:	
If denied, please explain:								
comos, piodos oxpidin.								









