



**Ohio BASS Federation Nation, Inc.**  
**2009 Youth Roster Form**

Members Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
BASS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Club Name: \_\_\_\_\_  
BASS Dues (\$10)\_\_\_ Master Angler Program (MAP)\_\_\_ OBFN Dues (\$10)\_\_\_  
Parent or Guardian Name: \_\_\_\_\_

Send Check Payable to: OBFN Youth Program  
1346 Grandview Avenue  
Heath, Ohio 43056

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