

# Hall of Fame Application

Please write or print eligible.

Name: \_\_\_\_\_

CDBC active member?  Yes  No

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Date of catch: \_\_\_\_\_

Type of bass: \_\_\_\_\_

Length: \_\_\_\_\_

Weight: \_\_\_\_\_

Where: \_\_\_\_\_

Pole used: \_\_\_\_\_

Reel used: \_\_\_\_\_

Bait used: \_\_\_\_\_

Partner/witness name: \_\_\_\_\_

Partner/witness signature: \_\_\_\_\_

Partner/witness CDBC active member?  Yes  No



I certify that the application for Hall of Fame is accurate and to my best of knowledge. This application is subject for verification and interview. The information will be posted in CDBC's web site and official newsletter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application must accompany a clear picture of you holding the catch (no shadow or dark spots). More information and photo examples are on the [www.deafbass.org](http://www.deafbass.org). Mail completed application to CDBC, PO Box 8292, La Crescenta, CA 91224