

Name: _____

Street Address: _____

City, State, Zip: _____

Enter Amounts Below

I agree to follow the rules of the Marathon. _____
(Please Sign Here)

*You must specify
Weekly Start Date:*

Circle One Weekly Start Date = _____ \$7.00 _____

May 8th – July 4th \$15.00 _____

Raffle Tickets requested. _____ @ \$5.00 ea. _____

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Total due Pan Fish Marathon _____

Please send a Check or Money Order, this completed form and a Stamped Self Addressed Business size Envelope and mail to:

**Pan Fish Marathon
PO Box 12
Hammond, NY 13646**

Allow 2 – 4 weeks for delivery.