



## ASHRAE/ASPE FISHING TOURNAMENT

NEW ORLEANS

**LOCATION:** JOE'S LANDING LAFITE, LA

(4811 Privateer Blvd. Barataria, LA 70036)

**DATE:** Friday, October 14th, 2016

**TIME:** Registration at 6:30 with a shotgun

start at Sunrise & Lunch at 12:00 pm

Weigh in scales open at 11:00am and

close at 1:00pm



**ENTRY FEE:** \$250/ Individual Team or \$300/Company Team

2-6 fisherman per boat/team; 1 boat per team

Launch fee included

STYLE: Iced down weigh in with scales open from 11:00 to 1:00

Categories for Bass, Redfish, and Trout with a grand champion of the total

combined weight to receive a large cash prize based on 75% of entry fee collected.

Individual categories will have prizes.

## **SPONSORSHIP:**

100% of sponsorship minus allocated entry fees to benefit local ASHRAE and ASPE Non-Profit Chapters.

**Platinum:** \$1500 includes 3 company teams, large company logo on weigh in background and signs, logo on newsletter/invite for the first half of the year, logo on future fishing rodeo marketing/invite material, and qty(6) rodeo shirts. (LIMIT 3 Platinum Sponsors)

**Gold:** \$1000 includes 2 company teams with company logo on weigh in background and signs and qty(4) rodeo shirts.

Silver: \$500 includes one company team with logo on weigh in signs and qty(2) rodeo shirts.

**LUNCH AND WATER SPONSORED BY:** 



All participants must possess a valid Louisiana Fishing License for Salt Water and Fresh Water Fishing.

All participants will need to sign a waiver for ASPE/ASHRAE prior to launching.

## TEAM ENTRY FORM FOR 2016 ASHRAE/ASPE FISHING TOURNAMENT

Please make checks payable to ASPE and return to: ASHRAE/ASPE Golf Tournament c/o Grant & Associates P.O. Box 23664 New Orleans, LA 70183

Email:



COMPANY TEAM OR	INDIVIDUAL TEAM	ווו ועו ו
COMPANY NAME IF COMPA	ANY TEAM:	
TEAM MEMBERS:	EMAIL:	
Please provide name and email addre	ess of Team Captain:	

## SPONSORSHIP FORM FOR 2016 ASHRAE/ASPE FISHING TOURNAMENT

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PLEASE EMAIL KEITH@CI-SALE SHIRTS AND IF YOU PREFER LC SHORTSLEEVE	ES.COM FOR SIZE OF ONG SLEEVE OR	SHINC
COMPANY NAME:TEAM MEMBERS:	EMAIL:	
COMPANY NAME: TEAM MEMBERS:	EMAIL:	
COMPANY NAME:		
TEAM MEMBERS:	EMAIL:	
Please provide name and email address of To	eam Captain:	
NIANAE.	Email:	