



# XTREME BASS SERIES

2026

## Team Membership Application

### 1. Boater (Team Captain) PLEASE PRINT CLEARLY

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ DOB: \_\_\_\_\_

Member Fee- ☐ \$50 Per Person Shirt Size \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

### 2. Non-Boater PLEASE PRINT CLEARLY

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ DOB: \_\_\_\_\_

Member Fee- ☐ \$50 Per Person Shirt Size \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

### 3. Your Primary Division *Check One*

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| <input type="radio"/> Central Florida | <input type="radio"/> Kissimmee      |
| <input type="radio"/> Citrus          | <input type="radio"/> North River    |
| <input type="radio"/> Garcia          | <input type="radio"/> Orange Lake    |
| <input type="radio"/> Harris Chain    | <input type="radio"/> Panhandle      |
| <input type="radio"/> Istokpoga       | <input type="radio"/> Suwannee River |
| <input type="radio"/> Johns Lake      | <input type="radio"/> Toho           |

### 4. Side Pots *Optional*

**Big Bass Side Pot** \$50.00 per Team per Season. This is an optional fee that enters you into Divisional Big Bass of the Year and Overall Series Big Bass of the Year side pots. See rules for more details.

☐ Check box and send \$50.00 fee in with entry.

### Frequent Fishing Program

Teams competing in 12 or more events during the 2026 season will have a chance to win the 2026 Frequent Fishing Award and \$500 cash prize. The highest finishing team in this category at the 2026 Championship will win this prize.

Stay up-to-date with rules, information, and news for the 2026 season, visit [www.XBSeries.com](http://www.XBSeries.com)



### 6. Liability Release *Please Read and Sign*

Any angler signing up and competing in an Xtreme Bass Series event agrees to the following:

- I hereby release Xtreme Bass Series, its officers, agents, employees and sponsors (herein referred to as Xtreme Bass Series) from any and all damages, claims, demands, cost or expenses relating to injury of any person(s) or any property, which I may sustain or which I may cause by reason of participating in or in connection with any and all Xtreme Bass Series events.
- Covenant not to sue and Waiver of Subrogation: I further agree that I will never sue Xtreme Bass Series for damages on account of any injury or damage I suffer or cause whether known now or which may develop in the future. In the event Xtreme Bass Series is sued because of my actions, I expressly agree to indemnify and hold Xtreme Bass Series harmless from any liability whatsoever, including court cost and attorney's fees, arising with respect to such actions. I understand that in waiving my rights to sue Xtreme Bass Series I am also waiving my rights of recovery from Xtreme Bass Series of my Insurance carrier for any claims they may pay on my behalf. I further understand that by signing this agreement I waive any rights my heirs or relatives have or may have to sue Xtreme Bass Series for liability.
- Verification of Liability Insurance: I state that I maintain liability insurance on the boat I will use in this or any Xtreme Bass Series event.
- Truth Verification: Polygraph or truth verification may be given at any time at the discretion of the officers of Xtreme Bass Series. Refusal or failure of polygraph or truth verification will automatically eliminate team members' participation from all future Xtreme Bass Series events.
- Camera Release: I hereby grant Xtreme Bass Series the unconditional rights to use my voice, photographic likeness and biographical information and fishing tips and instructions in connection with all Xtreme Bass Series video/audio production, promotions and/or other compensation in connection with such use.
- Communication: I authorize Xtreme Bass Series to contact me directly via email, phone, text, or other means using the information I provide, for marketing, billing, or other purposes.
- I signify by my signature that I have read, understand and agree to abide by all rules and regulations and decisions set forth by Xtreme Bass Series tournament officials.
- Xtreme Bass reserves the right to refuse membership and/or participation in any event for any reason.

Boater \_\_\_\_\_ Date \_\_\_\_\_ Non-Boater \_\_\_\_\_ Date \_\_\_\_\_

### 7. Mail Your Form

Please mail your completed membership form along with a check or money order to: (Payable to: Xtreme Bass Series)

5230 Land O Lakes Blvd #386 • Land O' Lakes • Florida • 34639

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Print or type.<br>See Specific Instructions on page 3. | <b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                    |
|                                                        | <b>2</b> Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                    |
|                                                        | <b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____<br><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.<br><br><input type="checkbox"/> Other (see instructions) ► _____ | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><small>(Applies to accounts maintained outside the U.S.)</small> |
|                                                        | <b>5</b> Address (number, street, and apt. or suite no.) See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Requester's name and address (optional)                                                                                                                                                                                                                                            |
|                                                        | <b>6</b> City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                    |
| <b>7</b> List account number(s) here (optional)        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                    |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                       |  |  |  |   |  |  |  |   |  |
|---------------------------------------|--|--|--|---|--|--|--|---|--|
| <b>Social security number</b>         |  |  |  |   |  |  |  |   |  |
|                                       |  |  |  | - |  |  |  | - |  |
| <b>or</b>                             |  |  |  |   |  |  |  |   |  |
| <b>Employer identification number</b> |  |  |  |   |  |  |  |   |  |
|                                       |  |  |  | - |  |  |  |   |  |

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ► | Date ► |
|------------------|----------------------------|--------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

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Give Form to the  
requester. Do not  
send to the IRS.

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|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                            |
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|                                       |  |  |  |   |   |  |  |   |  |  |  |
|---------------------------------------|--|--|--|---|---|--|--|---|--|--|--|
| <b>Social security number</b>         |  |  |  |   |   |  |  |   |  |  |  |
|                                       |  |  |  | - |   |  |  | - |  |  |  |
| <b>or</b>                             |  |  |  |   |   |  |  |   |  |  |  |
| <b>Employer identification number</b> |  |  |  |   |   |  |  |   |  |  |  |
|                                       |  |  |  |   | - |  |  |   |  |  |  |

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