



March 28, 2026

2026 SMITH MOUNTAIN LAKE STATE QUALIFIER

Smith Mountain Lake, Parkway Marina

ENTRY FEE: \$160 per team

REGISTRATION DEADLINE: Monday, March 23, 2026

Mail entry form and check payable to BNVA to:
Susan Owens
273 Overlook Drive
Roanoke Rapids, NC 27870

***If close to deadline, email or text copy of form and check BEFORE mailing.**

vabassnation@gmail.com (757) 651-4682

Note: Teams registered after Monday deadline will incur a \$20 late fee payable at checkin. No registrations will be accepted after Wednesday, March 25, 2026.

TOURNAMENT CHECK-IN: **NO PRE-TOURNAMENT MEETING**

Valid registrations will be entered into computer and randomly assigned boat numbers. Teams will receive their boat number via text/email on Friday, March 27, 2026. Teams must check in at the trailer the morning of the tournament. Teams must turn in or sign 2026 waiver at checkin. Waiver forms available on website. Trailer will be open at 5:30am.

TOURNAMENT SITE: Parkway Marina
16918 Smith Mountain Lake Parkway
Huddleston, VA 24104
(540) 297-4412

INSPECTIONS: There will be random inspections for valid fishing license, safety equipment, and proper insurance prior to blast off. Please have in boat or on your phone. Proof of Boater's Safety Course as required in VA as well.

PROHIBITED / OFF LIMITS: Within 50 feet of fuel docks and government posted areas.

CREEL: 5 fish - 2 @ 12" min, 3 @ 14" min





2026 SMITH MOUNTAIN LAKE STATE QUALIFIER
March 28, 2026
Smith Mountain Lake, Parkway Marina

CLUB: _____

REGION: _____

Boater: _____

Non-Boater: _____

Cell #: _____

Cell #: _____

Boater: _____

Non-Boater: _____

Cell #: _____

Cell #: _____

Boater: _____

Non-Boater: _____

Cell #: _____

Cell #: _____

Boater: _____

Non-Boater: _____

Cell #: _____

Cell #: _____

Boater: _____

Non-Boater: _____

Cell #: _____

Cell #: _____

Boater: _____

Non-Boater: _____

Cell #: _____

Cell #: _____

Boater: _____

Non-Boater: _____

Cell #: _____

Cell #: _____

Boater: _____

Non-Boater: _____

Cell #: _____

Cell #: _____

Boater: _____

Non-Boater: _____

Cell #: _____

Cell #: _____

Boater: _____

Non-Boater: _____

Cell #: _____

Cell #: _____





2026

Smith Mountain Lake Qualifier

2026 TOURNAMENT PAYOUT FORMULA

Payback 1/7 boats

Entry Fee less \$10 for Big Fish x # of boats

80% payback

EXAMPLE: 58 boats pays 8 places

Entry \$160 x 58 boats = \$9280 total purse

Less 20% holdback = \$1856 Less BF \$580 (\$290/day)

Payback \$6488

1st	\$	2,000.00
2nd	\$	1,500.00
3rd	\$	1,000.00
4th	\$	600.00
5th	\$	500.00
6th	\$	350.00
7th	\$	300.00
8th	\$	238.00
	\$	<u>6,488.00</u>

SML QUALIFIER TOURNAMENT RULE SUMMARY

Lights: Running lights must be on for all flights out

Life Jacket: Must be on and secured at all times big motor in gear
This includes launching and loading boat

Off Limits: None (except within 50' of gas docks and gov't posted areas)

Creel: 5 fish - 12" minimum

Nets: Ok to use

AL rigs: Not allowed

Bags: Please use your own weigh in bag to the scales

Trailer: **TRAILER YOUR BOAT BEFORE WEIGHING IN**



2026

RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the B.A.S.S. Nation of VA Inc. program, its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE B.A.S.S. Nation of VA Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I HAVE READ AND FULLY UNDERSTAND AND WILL ABIDE BY ALL TOURNAMENT RULES AND REGULATIONS.

x _____ Age: _____ Date Signed: _____
PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Date Signed: _____ PARENT/GUARDIAN'S SIGNATURE

_____ (print name)

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.		
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		<i>(Applies to accounts maintained outside the United States.)</i>	
	5	Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)
	6	City, state, and ZIP code		B.A.S.S. Nation of Virginia Inc. 273 Overlook Drive Roanoke Rapids, NC 27870
7	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.

Social security number									
or									
Employer identification number									

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

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.

Sign Here	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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they