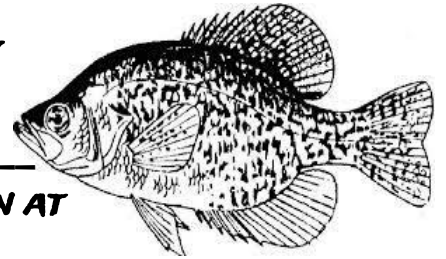
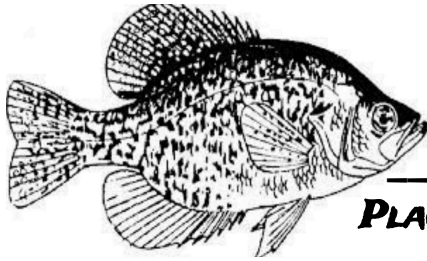


**13TH ANNUAL  
CATCHIN' CRAPPIES TO CURE CANCER  
CRAPPIE TOURNAMENT  
3RD SATURDAY OF MAY  
MAY 17, 2025**



**PLACE OF REGISTRATION & WEIGH-IN AT  
KENWOOD BEACH PAVILION**

**Cost - Adults \$10 (Must have valid fishing license if fishing)  
Kids (16 and under) Free with a paying Adult**

**REGISTRATION OPENS 6AM-10AM**

**YOU MAY REGISTER EARLY ONLINE THROUGH WEBSITE OR FACEBOOK**

**ALSO AT PILGRIMS VILLAGE MOTEL & CABINS**

Once registered you may fish from boat or shore anywhere on Lake Cadillac & Mitchell

**FINAL WEIGH-IN 2PM AT KENWOOD BEACH PAVILION**

**PRIZES AWARDED TO**

**TOP 10 CRAPPIES CAUGHT BY ADULTS & TOP 10 CRAPPIES CAUGHT BY KIDS**

**RULES:**

Must be registered before going fishing

Must have valid Michigan fishing license unless 16 & under

Fishing Hours 6am - 2pm of tournament day

Must catch fish yourself, legally, using hook & line from Lake Cadillac and Mitchell

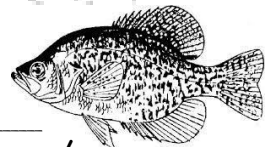
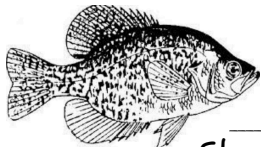
Must bring fish to weigh-in by 2pm alive or in fresh condition

Must be Present to win Prizes whether you caught Crappies or not

No altering weight of fish in any way

Only 1 prize may be won per individual

Each Participant is Responsible for their own safety



Check us out at <https://www.crappieattitudeaboutcancer.com/>

Email us - [crappieattitudeaboutcancer@gmail.com](mailto:crappieattitudeaboutcancer@gmail.com) Like Us on Facebook



Tournament Event Coordinators:

Allen Retlewski Call (231)775-5017 or Evie Kamphouse Call (231)878-8571

**T-Shirts For Sale**

Shirts pre-ordered & prepaid will be guaranteed and handed out the day of event.

T-shirts will be sold day of event while supplies and sizes last

\$10- Youth in Small Med Large

\$15- Adults in Small Med Large XL Large

\$18- Adults XXL & XXXL

Size \_\_\_\_\_ Qty \_\_\_\_\_

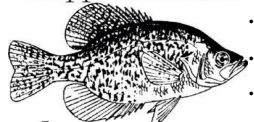
Size \_\_\_\_\_ Qty \_\_\_\_\_

Size \_\_\_\_\_ Qty \_\_\_\_\_

Size \_\_\_\_\_ Qty \_\_\_\_\_

Size \_\_\_\_\_ Qty \_\_\_\_\_

I have a  
Crappie Attitude ·



about cancer ·  
So I'm Catchin' Crappies to Cure Cancer.

**Registration Form** (Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

PLEASE MAKE ALL CHECKS PAYABLE TO AMERICAN CANCER SOCIETY