



Rose Metal Products  
1955 E. Division St.  
Springfield, MO, 65808

### TGS PAY BACK PROGRAM CLAIM FORM

Angler Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Signature: \_\_\_\_\_ Current Date: \_\_\_\_\_

Co-Angler Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Signature: \_\_\_\_\_ Current Date: \_\_\_\_\_

Boat Year: \_\_\_\_\_ Boat Make & Model: \_\_\_\_\_

Boat Color: \_\_\_\_\_ Motor Make: \_\_\_\_\_ Motor HP: \_\_\_\_\_

Tow Vehicle Make & Model: \_\_\_\_\_ Tow Vehicle Color: \_\_\_\_\_

TGS Graph Mount Attached to Boat & Used?: \_\_\_\_\_ TGS Decal Affixed to Boat or Tow Vehicle?: \_\_\_\_\_

Tournament Trail: \_\_\_\_\_ Tournament Division: \_\_\_\_\_

Body of Water: \_\_\_\_\_ Launch Site: \_\_\_\_\_ Date Fished: \_\_\_\_\_

Place Finished: \_\_\_\_\_ # of Fish Weighed: \_\_\_\_\_ Total Weight: \_\_\_\_\_

Print this form, fill in all information, take photo of boat with graph mount(s), take photo of decal on boat and/or tow vehicle, then mail both the completed form along with required pictures to address in top right corner of this form.

-- OR --

Email the completed form along with required pictures to [jmorris@rosemetalproducts.com](mailto:jmorris@rosemetalproducts.com).

\*Claims to be submitted within 2 weeks of tournament.

\*\*Please allow up to 8 weeks for claims processing. Processing is based on claims being easily verified.

\*\*\* To be valid, your claim form must have all the necessary information to verify your claim. If you have not included all of the necessary information, you will be contacted ONE time via email provided asking for confirmation of the information. If you do not respond within reasonable time, your claim will become invalid.