

TAGGING TOURNAMENT

BAY OF ISLANDS SWORDFISH CLUB

22 & 23 APRIL 2017



Proudly presented by

BAY OF ISLANDS
swordfish
CLUB INC



Team/Boat:		Skipper:	
Team Captain/Member (1):		Team Member (2):	
Address: <input type="checkbox"/>		Address: <input type="checkbox"/>	
Phone: <input type="checkbox"/>		Phone: <input type="checkbox"/>	
Email: <input type="checkbox"/>		Email: <input type="checkbox"/>	
Club Membership #:		Club Membership #:	
Team Member (3):		Team Member (4):	
Address: <input type="checkbox"/>		Address: <input type="checkbox"/>	
Phone: <input type="checkbox"/>		Phone: <input type="checkbox"/>	
Email: <input type="checkbox"/>		Email: <input type="checkbox"/>	
Club Membership #:		Club Membership #:	
Team Member (5):		Team Member (6):	
Address: <input type="checkbox"/>		Address: <input type="checkbox"/>	
Phone: <input type="checkbox"/>		Phone: <input type="checkbox"/>	
Email: <input type="checkbox"/>		Email: <input type="checkbox"/>	
Club Membership #:		Club Membership #:	

If members of your crew are not members of a Club affiliated to New Zealand Sports Fishing Council a tournament membership of \$25 per angler is required

Tournament membership required @ \$25

No: _____ \$ _____

Tournament entry is FREE

Total due prior to briefing

\$ _____

Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Cheque <input type="checkbox"/> Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cardholders name: _____ Expiry: _____ Amount: _____