

BAY OF ISLANDS SWORDFISH CLUB

MAINSTREAM REEL LADIES FISHING TOURNAMENT



Team Name:	Skipper:
Boat:	VHF Yes No
Team Member (1):	Team Member (2):
Address:	Address:
Email:	Email:
Phone:	Phone:
Membership #:	Membership #:
Team Member (3):	Team Member (4):
Address:	Address:
Email:	Email:
Phone:	Phone:
Membership #:	Membership #:
Team Member (5):	Team Member (6):
Address:	Address:
Email:	Email:
Phone:	Phone:
Membership #:	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 (if not a member)	No: _____ \$ _____
Tournament entry fee per angler @ \$50	No: _____ \$ _____
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"/>	
Cardholders name: _____ Expiry: _____ Amount: _____	

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