



BLOWHOLE BIG FISH CLASSIC

4th and 5th April, 2009

ENTRY FORM

SURNAME	FIRST NAME	M/F	JUNIOR DOB	CLUB
Captain				
Crew				

■ TOURNAMENT ENTRY FEES

Senior Anglers _____	Includes Tournament Dinner _____	No..... @ \$90.00 each – \$.....
Junior Anglers _____	Includes Tournament Dinner _____	No..... @ \$50.00 each – \$.....
Tournament Dinner _____	Additional Tickets _____	No..... @ \$30.00 each – \$.....
Membership _____ <i>(Kiama GFC)</i>	For anglers not belonging to Club affiliated with NSWGFA GFAA	<i>Senior</i> – No..... @ \$50.00 each – \$.....
		<i>Junior</i> – No ... @ \$20.00 each – \$.....
Late Entry Fee	Entries after Tuesday, 31st March _____ (Must be paid in cash)	\$100.00 per boat – \$.....
		TOTAL \$.....

Captain's postal address.....

Captain's home phone number..... Phone No. during Tournament.....

Captain's address during Tournament.....

Mooring required for Friday Night....Yes/No

Mooring required for Saturday Night....Yes/No

Please complete the Safety Check list on the reverse side of this form and return with appropriate fees to:
The Secretary, Kiama Gamefishing Club Inc. PO Box 447 Kiama NSW 2533

BOAT SPECIFICATIONS

(To be completed by Boat Captain)

Name of BoatRegistration No.
Make..... Length.....
Type: Full CabinHalf Cabin Other.....
Colour: HullTop Side.....
No. of Engines Make..... HP Fuel Type.....
Vehicle Registration Trailer Registration.....
Radio Equipment: 27MHZ VHF.....
Navigational Equipment: Radar GPS Depth Sounder
On Board Mobile Number

All Craft must comply with the minimum NSW Waterways Authority Safety Requirements and must be equipped with the minimum radio channels 27.88 MHZ and 27.94 MHZ

SAFETY CHECKLIST

- | | | | |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> EPIRB | <input type="checkbox"/> SEA ANCHOR | <input type="checkbox"/> V SHEET | <input type="checkbox"/> REFLECTIVE MIRROR |
| <input type="checkbox"/> FLARES PARACHUTE | <input type="checkbox"/> 2 ORANGE SMOKE | <input type="checkbox"/> 2 RED STAR | |
| <input type="checkbox"/> EMERGENCY RATIONS (3 DAYS) | <input type="checkbox"/> FRESH WATER (2 LITRES PER PERSON) | | |
| <input type="checkbox"/> BAILING BUCKET | <input type="checkbox"/> PADDLE | | |

INSURANCE DETAILS

Insured..... Insurer

Type of InsurancePolicy Number Renewal Date.....

My Crew and I agree to abide by the Rules of this Tournament and understand that any clarification requested will be provided by the Tournament Committee at the Pre Tournament briefing. In addition, we agree that participation is at own risk and that the holding of this Tournament is not to be construed as an invitation to go to sea in conditions beyond the capability of Crew and Craft. All details within this form are a true and accurate record.

Signed – Team Captain: **Date:**