

2021 GARMIN-D'Albora Port Stephens Classic ENTRY FORM

Saturday 20th & Sunday 21st February 2021

Port Stephens NSW Australia

APPLICATION TO ENTER



We will be representing:.....Club

Boat Name:..... Length:.....

Boat Location (Port Stephens):..... Boat Mobile Number:.....

Team Captain (1) (Surname):..... (First Name):.....

Owners Home Address.....

Contact number in Port Stephens:.....

We will commence fishing from our own port **(PLEASE TICK)**

TEAM MEMBERS

2:..... CLUB:..... SENIOR..... JUNIOR:.....

3:..... CLUB:..... SENIOR..... JUNIOR:.....

4:..... CLUB:..... SENIOR..... JUNIOR:.....

5:..... CLUB:..... SENIOR..... JUNIOR:.....

6:..... CLUB:..... SENIOR..... JUNIOR:.....

For additional anglers, please copy form

INSURANCE DETAILS

Name of Insurer:..... Policy Number:..... Renewal Date:.....

ALL BOATS MUST COMPLY WITH NSW MARITIME AUTHORITY OFFSHORE SAFETY REGULATIONS

All boats must carry their own insurance covering third party liability and third party personal liability. The Tournament Committee takes no responsibility for damage or injury to boat, anglers or visitors under any circumstances. The rules of the sea apply. I have read and agree to abide with the Tag & Release and Capture Rules as published by G.F.A.A., NSWGFA and the Rules for this Tournaments, as issued, with the understanding that any classifications I desire will be furnished in writing by the Tournament Committee before the competition.

Captains Signature.....

Boat Entry Fee ONLY

Trailer Boat \$350.00

Non Trailer boat \$700.00

\$.....: Total

DIRECT DEPOSIT
BSB: 637 000
A/C: 715 117 320
REFERENCE: BOAT NAME

ENTRIES CLOSE – 8th February 2021 at 7 pm
No entries will be accepted after this date

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BOAT SAFETY FORM

Description of Vessel



Owner's Name:

Address..... P/C:..... State:.....

Mobile Telephone:..... Facsimile:.....

Telephone Private:..... Business:.....

Email: Emergency Contact Name & Number.....

Boat Name: Maritime Registration No:.....

Length:..... Make:.....

Hull Colour: Superstructure:.....


Distinctive Features of Markings:

No. of people safely carried at sea: Boat Location:

Fuel - Type: Capacity: Range:

Motor/s: Inboard Make: 2 1 Outboard Make: 2 1

Safety & Emergency Equipment

Please  appropriate box and fill in the relevant details

Flares Yes No Smoke Parachute Colour:.....

Life Raft Yes No Type:..... Colour:..... Capacity:.....

Life Buoy Yes No Type:..... Colour:..... No:.....

Life Jackets Yes No Type:..... Colour:..... No:.....

Radio Yes No SSB HF:..... Frequencies:.....

27MHz:..... Frequencies:.....

VHF:..... Frequencies:.....

EPIRB Yes No

Radar Yes No Type:..... Range:.....

GPS Yes No Type:.....

Depth Sounder Yes No Type:..... Depth:.....

Compasses Yes No Type:.....

Food on Board Yes No No. of Days:..... Water: Litres/Gallons.....

Sea Anchor Yes No First Aid Kit Yes No

INSURANCE COVERAGE DETAILS: Insurer:.....

Policy Number:..... Expiry Date:

Signature _____ Date _____