

2022 Port Stephens Classic ENTRY FORM

Saturday 19th & Sunday 20th February 2022

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

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 _____

_____ : Number of Adult Anglers @ \$120.00 each

_____ : Number of Junior Anglers @ \$60.00 each

HEAVIEST PACIFIC BLUE MARLIN EXCEEDING 258KG CATERGORY

_____ : \$200 Per Boat – See Tournament Rules Page 6 for Terms & Conditions of Entry

\$ _____ : **Total**

Please address all correspondence to The Tournament Secretary
55a Shoal Bay Rd, Shoal Bay NSW 2315 email: nigel@npsgfc.com Phone: 02 4981 0021

DIRECT DEPOSIT

BSB: 637 000

A/C: 715 117 320

REFERENCE: BOAT NAME

ENTRIES CLOSE – Tuesday 8th February 2022 at 5 pm
Late entries are at the defcretion of the tournament committee

2022 Port Stephens Classic

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 _____