WHANGAMATA OCEAN SPORTS CLUB Kilwell CLASSIC REGISTRATION FORM 6, 7, 8th February 2025 Email entry forms to: members@oceansports.co.nz				
Team Captain Name:				
Postal Address:				
Email:				
Phone/Mobile:				
BOAT NAME:		LE	ENGTH:	
Fishing In from another port YES / NO	LAUNCH / TRAILER / CHARTER			
In the event the Tournament is cancelled due to un	s \$25 meal voucl	her) nces a 10% admin fee v		hheld from
	(only applies if no b			
Must be a m	inimum 2 Anglers p	er vessel		
Anglers Names:	Club Name:	Membership #:	\$185 Member/ \$205 Non-Include Meal Voucher per person	
1)				
2)				
3)				
4)				
5)		0		
6)		5		
Internet Payment: 02-0472-0175255-003 Whanga- mata Ocean Sports Club PO Box 84	Total Fees Payable:			
	Optional Donation to Legase			
Whangamata 3643	Total:			
new Zealand SPORT FISHING	Name N		Members #	Paid \$12.50
NZSFC Nationals Entry Fee: WOSC will offer a 50%				
discount to all WOSC members who wish to enter				
the NZSFC Nationals to represent WOSC.				
\$12.50 per angler.			Total	
DECLARATION				

As Team Captain and on behalf of my team, I agree to abide by the Rules of the Tournament and agree to carry out the instructions of the Tournament Officials and accept their decisions as final and binding upon my crew and me. I also indemnify the organising Club against any losses, dam-OFFICE USE: ages or untoward expenses caused or incurred by my crew or myself. I consent to the collection of details on this entry form by the organis-ers for event registration and for the promotion and benefit of this Tournament. This consent is given in accordance with the Privacy Act 1993. I acknowledge my right to access and correction of this information.

Acknowledged Date:

Signed: Date: