



REGISTRATION FORM

Cardwell Sportfishing Club

Monthly Competition

Please fill out details of all registrants and return this form together with any registration fee (Non-Members **\$10 per person**) to P.O Box 108 Cardwell QLD 4849, or scan and send to cardwellsportfishingclub@hotmail.com.
(Please note it is "SPORTFISHING, not SPORTSFISHING")

Direct deposit bank details:

Cardwell Sportfishing Club Inc
BSB 633000 A/C No. 36213840

Cheques payable to:

Cardwell Sportfishing Club Inc

Please attach receipt of your payment to this registration form

Surname		
First Name		
Addresss		
Postal Address if same write as above		
Phone:		
Mobile:		
Email:		
Name of Parent/ Guardian (for junior entry)		
Member of Cardwell Sportfishing Club	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
I would like to become a member of Cardwell Sportfishing Club. Please email or post me an application form Yes <input type="checkbox"/> No <input type="checkbox"/>		
I will abide by the rules set down by the Cardwell Sportfishing Club. My vessel if used during the competition will comply with the Transport Operations (Marine Safety) Act 1994. I will also comply with the Fisheries Act and Regulations 1994. I give permission for the use of any images taken through out the weekend to be used in future publications. I acknowledge that the Cardwell Sportfishing Club accepts no liability for any injury, loss, or damage suffered by any person in the course of the event, and as a competitor; I fully understand that in participating, I do so entirely at my own risk.		
Print Name		
Signed		Date:

Registrant 2

Surname		
First Name		
Addresss		
Postal Address if same write as above		
Phone:		
Mobile:		
Email:		
Name of Parent/ Guardian (for junior)		
Member of Cardwell Sportfishing Club	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
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Print Name		
Signed		Date:

Registrant 3

Surname		
First Name		
Addresss		
Postal Address if same write as above		
Phone:		
Mobile:		
Email:		
Name of Parent/ Guardian (for junior)		
Member of Cardwell Sportfishing Club	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
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Print Name		
Signed		Date:

Registrant 4

Surname:		
First Name:		
Addresss:		
Postal Address if same write as above:		
Phone:		
Mobile:		
Email:		
Name of Parent/ Guardian (for junior):		
Member of Cardwell Sportfishing Club:	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
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Print Name		
Signed		Date:

Registrant 5

Surname		
First Name		
Addresss		
Postal Address if same write as above		
Phone:		
Mobile:		
Email:		
Name of Parent/ Guardian (for junior)		
Member of Cardwell Sportfishing Club	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
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Print Name		
Signed		Date:

NOTE: If there are more than 5 registrants please fill out an additional form