

BILLFISH *Extravaganza*

P.O. BOX 5089
DESTIN, FL 32540
337.802.5525
ECBGFC@GMAIL.COM

TOURNAMENT ENTRY FORM

TEAM CONTACT

NAME : _____ OWNER CAPTAIN OTHER : _____

EMAIL : _____ PHONE : _____

ADDRESS : _____ CITY, STATE, ZIP : _____

OWNER : _____ PHONE : _____

Please list the owner's info if not listed as Team Contact.

BOAT NAME : _____ HOME PORT : _____

MAKE : _____ LENGTH : _____

ENTRY

CLUB MEMBER : \$1,500 (plus 7% FL State Tax = \$1,605 total)

NON-MEMBER : \$2,000 (plus 7% FL State Tax = \$2,140 total)

Required State Tax

PAYMENT METHOD

TOTAL AMOUNT DUE : \$ _____

CASH CREDIT CARD *3.5% fee will apply* CHECK *Please make checks payable to: ECBGFC*

TEAM MEMBERS

CAPTAIN : _____ PHONE : _____

MATE : _____ PHONE : _____

MATE /
ANGLER : _____ PHONE : _____

ANGLER : _____ PHONE : _____

ANGLER : _____ PHONE : _____

ANGLER : _____ PHONE : _____