

## **ENTRY FORM: 2024 NATIONALS**

All angler de	tails must be filled out and ang	gier class ind	icated. Entr	y Fee \$2	5 per angler.	
Club:				Please	Local Team	
Team Name	:			Tick:	Overseas Team	
1st Angler -	The person who is responsible	for the team				
Full Name:						
Email:						
Phone:		Class:	Seni	or Male	Senior Female	
<b>Team Members</b> You must have each angler's first name and last name and class - Senior Male, Senior Female, Junior Male or Junior Female.						
Anglers	First Name & Last Name			Cla	ass	
2						
3						
4						
5						
6						

I have read, understood and agree to abide by the Rules of this Tournament. Signed by person responsible for the team, on behalf of his/her team. Anglers listed are financial members of an affiliated club and have paid their contest fees. Anglers have read and understood the Health & Safety Procedures for the competition.

Signature of 1st Angler:	
Club Secretary:	Total number of anglers:
Date:	Total entry fee enclosed:

This entry form is to be forwarded to the **Secretary of the club you will represent** together with the applicable entry fees.

NEW ZEALAND SPORT FISHING COUNCIL INC



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