Please fill out and fax, email, or mail to:
Phone: 904-824-4347
Fax: 904-829-6998

Marina@conch-house.com
ATTN: MARK HELMAN
57 Comares Ave,
St.Augustine, FL 32080

BOAT NAME: _____ *MAKE & SIZE* _____

OWNER: _____ *PHONE #:* _____

ADDRESS: _____

CAPTAIN: _____ *EMAIL:* _____

TOTAL $ _____ *($1000 entry fee)*

PAYMENT INFORMATION (please check one):

- ☐ Check
- ☐ Credit Card
- ☐ Cash

*Make all checks payable to:
**The Conch House Marina Resort
57 Comares Ave
St. Augustine, FL 32080**

PAYOUT STRUCTURE:

Payout to 1st, 2nd, and 3rd place based on point system.

Hold Harmless Release:

I, as an entrant, do hereby release, discharge and hold harmless Conch House Marina, its officers, directors, sponsors, and marketing agents, whether individual or corporate, from any claim for damages to my person or property incurred by my participation in the Conch House Billfish Invitational Tournament. This release applies to all members of my crew and all parties fishing from my boat. By signing the entry form and paying my entry fee, I acknowledge that I have read this release and rules concerning this tournament and am bound by the same. This release shall also be binding on my heirs, executors, administrators, or assignees.

SIGNATURE: _____