



May 30th thru June 2nd, 2018  
2 Out of 3 Fishing Days Captain's Call

## REGISTRATION FORM

Boat Name \_\_\_\_\_ Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Owner's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Captain \_\_\_\_\_ Boat Make \_\_\_\_\_ Size \_\_\_\_\_

Contact E-mail \_\_\_\_\_

Where will boat be docked \_\_\_\_\_ Pay Prize Money to \_\_\_\_\_

Winner's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Winner's Social security Number \_\_\_\_\_ Current HMS Permit # \_\_\_\_\_

Please Check Appropriate Boxes

- LEVEL 1 - \$1,500.00 Mandatory Entry (Total Billfish Points)
- LEVEL 2 - \$1,000.00 Blue Marlin Bonus Points
- LEVEL 3 - \$ 500.00 Daily Billfish Points
- LEVEL 4 - \$ 500.00 Heaviest Meat Fish of the Tournament

*I, the undersigned, as entrant, do hereby RELEASE, DISCHARGE and HOLD HARMLESS Cape Fear Blue Marlin Tournament, its officers, directors, committee members and sponsors, whether individual or corporate, from any claim for damages to my person or property incurred by my participation in the Cape Fear Blue Marlin Tournament. This release applies to all members of my crew, their families, and all parties fishing from my boat. By Signing this entry form and paying my entry fee, I Acknowledge that I have read and reviewed the rules and regulations of the tournament and will provide a representative at the Captains party to inform us of any rules changes at that meeting. I also acknowledge and understand that the rules committee's decisions are final. Furthermore I have reviewed this release with my party and crew and are bound by same. This release shall be binding on heirs, executors, administrators or assigns.*

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Print Name/ Signature / Date

Checks Payable To: Cape Fear Blue Marlin Tournament Mail To: PO Box 554 Wrightsville Beach NC 28480  
Bobby Brown 910 520 0442 Email [cfbmrules@gmail.com](mailto:cfbmrules@gmail.com)