



Saturday February 16, 2019

Entry Fee \$250 per boat

(\$150 donation to Hospice of Kona + \$100 Cash to prize pool)

Boat: _____

Cell Phone: () _____ - _____ Name: _____

Email: _____

Please list 4 crew/anglers planning to attend banquet:

1. _____

Captain/Owner

2. _____

3. _____

4. _____

Additional crew may attend banquet for \$25 per person

\$150 Payment to Hospice of Kona - Check # _____ Cash _____

\$100 Cash for Prize Pool received _____

Additional Banquet tickets _____ @ \$25 ea

CONSENT FORM

All participants in this tournament do so at their own risk.

By signing this form, I agree to accept full responsibility for any injury during my participation in the “Love 2 Fish” tournament as well as those on my team and hereby release the promoters, sponsors and any other assisting entities in the above mentioned tournament from any liability for any personal injury or property damage.

Signature: _____ **Date:** _____

**Please return completed form with payment to:
The Charter Desk,-329-573 or Hospice of Kona-324-7700**

**fax: 808-331-0767, email: info@hospiceofkona.org
or mail to PO Box 4130, Kailua Kona, HI 96745**

Boat Registration Form