2027 GARMIN BILLFISH SHOOTOUT ENTRY FORM

Friday 19th Saturday 20th & Sunday 21st February 2027

Port Stephens NSW Australia

APPLICATION TO ENTER

We will be representing:.....Club

Boat Name:..... Length:.....

Boat Location (Port Stephens):..... Boat Mobile Number:.....

Team Captain (Surname):..... (First Name):.....

Owners Home Address.....

Contact number in Port Stephens:.....

We will commence fishing from our own port ☐ **(PLEASE TICK)**

TEAM MEMBERS

1:_____	CLUB:_____	SENIOR_____	JUNIOR:_____
2:_____	CLUB:_____	SENIOR_____	JUNIOR:_____
3:_____	CLUB:_____	SENIOR_____	JUNIOR:_____
4:_____	CLUB:_____	SENIOR_____	JUNIOR:_____
5:_____	CLUB:_____	SENIOR_____	JUNIOR:_____
6:_____	CLUB:_____	SENIOR_____	JUNIOR:_____
7:_____	CLUB:_____	SENIOR_____	JUNIOR:_____
8:_____	CLUB:_____	SENIOR_____	JUNIOR:_____

INSURANCE DETAILS

Name of Insurer:_____ Policy Number: _____ Renewal Date: _____

ALL BOATS MUST COMPLY WITH NSW MARITIME AUTHORITY OFFSHORE SAFETY REGULATIONS

All boats must carry their own insurance covering third party liability and third-party personal liability. The Tournament Committee takes no responsibility for damage or injury to boat, anglers or visitors under any circumstances. The rules of the sea apply. I have read and agree to abide by the Tag & Release and Capture Rules as published by G.F.A.A., NSWGFA and the Rules for this Tournament, as issued, with the understanding that any classifications I desire will be furnished in writing by the Tournament Committee before the competition.

Captains Signature_____

Shirt Sizes

Size	QTY	
XS		
S:		
M:		
L:		
XL:		
2XL:		
3XL:		
Total	____	____

_____: Number of Adult Anglers @ $260.00 each (which includes presentation ticket)

_____: Number of Junior Anglers @ $110.00 each Which (includes presentation ticket)

_____: Late Fee $30.00 per Angler

$_____: Total

Please address all correspondence to The Tournament Secretary
55a Shoal Bay Rd, Shoal Bay NSW 2315 email: manager@npsgfc.com Phone: 02 4981 0021

(Maximum Cash Payout for any boat competing in the tournament is $50,000)

DIRECT DEPOSIT
BSB: 637 000
A/C: 715 117 320
REFERENCE: BOAT NAME

ENTRIES CLOSE – 12th February 2027 at 5 pm

Late entries submitted after this date will incur a late entry fee of $30.00 Per Angler

NB: This is an application to enter form. The application to enter will be deemed an entry into the tournament only when approved by the tournament committee. Refer Tournament Rule 3, Entries/Eligibility

2027 GARMIN BILLFISH SHOOTOUT BOAT SAFETY FORM

Description of Vessel

Owner's Name: .....

Address..... P/C:..... State:…….

Mobile Telephone:..... Facsimile:.....

Telephone Private:.....Business:.....

Email: ..... Emergency Contact Name & Number……

Boat Name: ..... Maritime Registration No:.....

Length:..... Make:.....

Hull Colour: ..... Superstructure:.....

Distinctive Features of Markings: .....

No. of people safely carried at sea: .....Boat Location: .....

Fuel - Type: .....Capacity: .....Range: .....

Motor/s: Inboard Make: ..... ☐ 2 ☐ 1 Outboard Make: ..... ☐ 2 ☐ 1

Safety & Emergency Equipment

Please ✔ appropriate box and fill in the relevant details

Flares	☐ Yes ☐ No	Smoke ☐	Parachute ☐	Colour:.....	
Life Raft	☐ Yes ☐ No	Type:.....	Colour:.....	Capacity:.....	
Life Buoy	☐ Yes ☐ No	Type:.....	Colour:.....	No:.....	
Life Jackets	☐ Yes ☐ No	Type:.....	Colour:.....	No:.....	
Radio	☐ Yes ☐ No	SSB HF:.....	Frequencies:.....		
		27MHz:	Frequencies:.....		
		VHF:.....	Frequencies:.....		
EPIRB	☐ Yes ☐ No				
Radar	☐ Yes ☐ No	Type:.....	Range:.....		
GPS	☐ Yes ☐ No	Type:.....			
Depth Sounder	☐ Yes ☐ No	Type:.....	Depth:.....		
Compasses	☐ Yes ☐ No	Type:.....			
Food on Board	☐ Yes ☐ No	No. of Days:.....	Water: Litres/Gallons.....		
Sea Anchor	☐ Yes ☐ No	First Aid Kit ☐ Yes	☐ No		

INSURANCE COVERAGE DETAILS: Insurer:.....

Policy Number:..... Expiry Date: .....

Signature_____ Date_____