



Categories

- Angler
- Freediving
- Scuba

Divisions

- Pro Freedivers
- Junior (18 years or less)
- Men and Woman (19 to 59 years old)
- Senior (60 to 75 years old)
- Fossil (76 to 120 years old)

ENTRY FORM

MBF 6th Annual Fishing and Spearfishing for Boating Safety Tournament August 8, 2015

TEAM/BOAT INFORMATION (REQUIRED)

TEAM NAME	BOAT DESCRIPTION (Brand, Size, Color, Engines)		
BOAT NAME (IF DIFFERENT)	TOURNAMENT USE ONLY	TEAM NUMBER	PAID

Participant NAME (Team Captain)	SHIRT SIZE , AGE	EMAIL ADDRESS	Category/Division
Participant NAME	SHIRT SIZE , AGE	EMAIL ADDRESS	Category/Division
Participant NAME	SHIRT SIZE , AGE	EMAIL ADDRESS	Category/Division
Participant NAME	SHIRT SIZE , AGE	EMAIL ADDRESS	Category/Division

ADDITIONAL Participants

Participant NAME	SHIRT SIZE , AGE	EMAIL ADDRESS	Category/Division
Participant NAME	SHIRT SIZE , AGE	EMAIL ADDRESS	Category/Division
Participant NAME	SHIRT SIZE , AGE	EMAIL ADDRESS	Category/Division

Entry Fee (includes 4 Participants):
\$500.00 _____

Participant A-D KILL this line included

Extra Participants \$50x ___ = _____

Adult \$35x _____

Kids 25x _____

Total Fees _____

Mail or drop off entry with check to:

Monica Burguera Foundation
 Attn: Mari Novo

3750 West Flagler Street, Miami, FL 33134

Please make checks payable to: Monica Burguera Foundation

Credit Card Information:

Amex X MasterCard Visa

Credit Card Number: _____ - _____

Exp. Date: _____ Amount: \$ _____

Billing Zip Code: _____ CVC: _____



Name _____

***If different then billing address:**

Address

 City _____ State _____
 Zip code _____
 Preferred Telephone number _____
 Email Address _____

- Boat registration/Amount \$500 x __ - \$ _____
 - Additional participants/Amount \$50 x __ - \$ _____
 - Adult food/beverages/Amount \$35 x __ - \$ _____
 - Kids food/beverages/Amount \$25 x __ - \$ _____
 - Additional Donation - \$ _____
- Total: \$ _____**

Make checks payable to:
Monica Burguera Foundation
3750 W. Flagler Street
Miami, FL 33134
 Contact Mari Novo for any questions
www.mbfBoatingSafety.org P: 305.398.4609 F: 305.446.6908

Charge Card Information	
Amex <input type="checkbox"/> <input type="checkbox"/> ATM M C <input type="checkbox"/> VISA <input type="checkbox"/>	Credit Card Number: _____ Exp. Date: _____ Amount: \$ _____ CVC#
Cardholder Information	
Name:	_____
Address:	_____
City, State, Zip:	_____
Telephone:	_____
Signature:	_____

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