



HALIFAX NOVA SCOTIA INTERNATIONAL TUNA TOURNAMENT

September 25th to 29th, 2024



TEAM REGISTRATION FORM

Date of Application: _____ Team Name: _____

Vessel Name: _____ Team Captain: _____

Mailing Address: _____

City: _____ Prov/State: _____ Postal Code/Zip: _____

Telephone (work): _____ Telephone (home): _____

Telephone (cell): _____ E-mail: _____

Team Members (Include team captain)

TEAM MEMBER 1 (CAPTAIN)

Name: _____

Address: _____

City: _____ Prov/State: _____

Postal / Zip: _____

Phone contact: _____

TEAM MEMBER 2

Name: _____

Address: _____

City: _____ Prov/State: _____

Postal / Zip: _____

Phone contact: _____

TEAM MEMBER 3

Name: _____

Address: _____

City: _____ Prov/State: _____

Postal / Zip: _____

Phone contact: _____

TEAM MEMBER 4

Name: _____

Address: _____

City: _____ Prov/State: _____

Postal / Zip: _____

Phone contact: _____

TEAM MEMBER 5 (OPTIONAL)

Name: _____

Address: _____

City: _____ Prov/State: _____

Postal / Zip: _____

Phone contact: _____

TEAM MEMBER 6 (OPTIONAL)

Name: _____

Address: _____

City: _____ Prov/State: _____

Postal / Zip: _____

Phone contact: _____

Note: For IWK tax receipt purposes please indicate how entry fee is paid; Company, Individual or shared among crew members: _____

Team Entry Fee: \$2500 cdn to cover up to 6 anglers per boat on any given day.

Send completed registration form and check or money order (CDN Funds) payable to:

Halifax Tuna Tournament Society, 12285 Peggy's Cove Rd., Glen Haven, NS, B3Z 2R7 or

email to: HITT@bluefintournament.ca. For e-transfers contact the Committee



AMOUNT ENCLOSED: \$