

Date paid pre-registration:

\_\_\_\_\_

Date paid in full:

\_\_\_\_\_

# 2017 - Registration

## Ladies Day Tarpon Tournament

**Official 2017 Tournament Date: Saturday, May 13, 2017**

### ENTRY FORM

The entry fee is \$600 (includes sales tax). A \$100 deposit will hold your spot until March 31, 2017, when the total entry fee is due. Anglers will receive 1 tote bag, 5 shirts, 5 meal tickets and donated bag items from sponsors.

Team Name \_\_\_\_\_

Captain Name \_\_\_\_\_ Boat Name \_\_\_\_\_

Captain Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Shirt size: (please circle one) S M L XL XXL

**Note: Mate shirt and meal ticket not included. Please return order form for additional items.**

Team Leader/Angler 1 \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Shirt size: (please circle one) S M L XL XXL Email: \_\_\_\_\_

Angler 2 \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Shirt size: (please circle one) S M L XL XXL Email: \_\_\_\_\_

Angler 3 \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Shirt size: (please circle one) S M L XL XXL Email: \_\_\_\_\_

Angler 4 \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Shirt size: (please circle one) S M L XL XXL Email: \_\_\_\_\_

Send all forms to:

Englewood Bank & Trust, Attn: Melissa Laterza, 1111 S. McCall Rd.

Engelwood, FL 34223 - Email: [mllaterza@ebtfl.com](mailto:mllaterza@ebtfl.com)

Fax: 941-474-3384 - Phone: 941-473-4506

[www.ladiestarpon.com](http://www.ladiestarpon.com)

[www.bocagrandechamber.com](http://www.bocagrandechamber.com)

Boca Grande Area Chamber of Commerce - 941-964-0568





**2017 Ladies Day**  
**Tarpon Tournament**  
**Payment Form**

**Boat Name** \_\_\_\_\_

**Team Leader** \_\_\_\_\_

On behalf of the Boca Grande Area Chamber of Commerce and the Ladies Day Tarpon Tournament committee, thank you for supporting our tournament. We accept cash, check or credit cards. Please return this form to the Boca Grande Area Chamber of Commerce. Thank You!

Cash Collected \$ _____	Check Amount \$ _____	Check # _____
Credit Card	Visa	Master Card
Card Number _____	EXP _____	
CVC# _____		
Name on Card _____		
Signature for Card _____		
<b>Date Paid</b> _____		

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please make checks payable to: Boca Grande Area Chamber of Commerce**

For tournament information visit our website [www.ladiestarpon.com](http://www.ladiestarpon.com)  
[www.bocagrandechamber.com](http://www.bocagrandechamber.com)  
or contact Melissa Laterza - Phone: 941-473-4506  
Email: [mllaterza@ebtfl.com](mailto:mllaterza@ebtfl.com)  
Mail all forms to: Englewood Bank & Trust Attn: Melissa Laterza  
1111 S. McCall Rd., Englewood, FL 34223