



*Please fill out and  
fax, email, or mail to:  
Phone: 904-824-4347  
Fax: 904-829-6998*

*Marina@conch-house.com  
ATTN: MARK HELMAN  
57 Comares Ave,  
St. Augustine, FL 32080*

**BOAT NAME:** \_\_\_\_\_ **MAKE & SIZE** \_\_\_\_\_  
**OWNER:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CAPTAIN:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_  
**TOTAL \$** \_\_\_\_\_ **(\$500 entry fee) EMAIL:** \_\_\_\_\_

**PAYMENT INFORMATION (please check one):**

- Check**                      \*Make all checks payable to:  
 **Credit Card**                **The Conch House Marina Resort**  
 **Cash**                         **57 Comares Ave**  
   **St. Augustine, FL 32080**

**Hold Harmless Release:**

I, as an entrant, do hereby release, discharge and hold harmless Conch House Marina, its officers, directors, sponsors, and marketing agents, whether individual or corporate, from any claim for damages to my person or property incurred by my participation in The Conch House Sailfish Cup. This release applies to all members of my crew and all parties fishing from my boat. By signing the entry form and paying my entry fee, I acknowledge that I have read this release and rules concerning this tournament and am bound by the same. This release shall also be binding on my heirs, executors, administrators, or assignees.

**SIGNATURE:** \_\_\_\_\_