

**2009 Annual Peace King Cup Fishing Tournament**  
**Boat Owner/Shore Fishing Registration Form**  
**2-Day Registration donation - \$40 per person**

Please respond by May 7 at 12 noon  
by email: [hsaclifton@optonline.net](mailto:hsaclifton@optonline.net) or by fax: 1-973-916-0056

**Gender:**  
[ ] M [ ] F

**Legal Passport Name:**

Honorific	First Name	Middle Name	FAMILY NAME
<small>(Rev. Mr., Ms., Hon., Dr., etc.):</small>			

**Name Badge:** \_\_\_\_\_  
No more than 26 characters. Include honorific, such as Ven., Dr., Mr., Ms.

**Job Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Number and Street (No P.O. Boxes please)

City	COUNTRY (if in USA, give State)	Postal Code
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**Office Phone:** \_\_\_\_\_ **Office Fax:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Name of Vessel and  
Registration Number:** \_\_\_\_\_

**Names of Additional  
Participants on Vessel:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_

Do you have any medical conditions we should be aware of:

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_