

REGISTRATION FORM



**SEPTEMBER 24ND THRU 27TH, 2003
CAMACHEE COVE MARINA
ST. AUGUSTINE, FLORIDA**

BOAT NAME: _____

CAPTAIN/OWNER: _____

MAIL ADDRESS: _____

PHONE: **HOME:** _____ **WORK:** _____

FAX: _____ **CELL** _____

TEAM: FLORIDA _____ **GEORGIA** _____

AMOUNT ENCLOSED: \$ _____ **(\$1,000 minimum, the mandatory \$2,000 Team Entry Fee may be paid at the Captain's Meeting)**

Please send your check made out to: **El Pescado Grande
18 Barcelona Ave.
St. Augustine, Fl 32080**