



**2019 EL CHEAPO REGISTRATION FORM**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

FL # (Kayak anglers enter KAYAK) \_\_\_\_\_ JOSFC MEMBER? \_\_\_ YES \_\_\_ NO

JUNIOR ANGLERS NAME AND AGE (16 & UNDER)

LADY ANGLERS NAME (AGE 17 & OLDER)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAPTAINS SIGNATURE (required) \_\_\_\_\_

GENERAL ENTRY \$100.00 \_\_\_\_\_  
LATE (IF AFTER 2/17/19) \$20.00 \_\_\_\_\_  
JUNIOR ANGLERS \_\_\_ @ \$10.00 EA \_\_\_\_\_  
LADY ANGLERS \_\_\_ @ \$10.00 EA \_\_\_\_\_  
KAYAK ANGLER \$10.00 \_\_\_\_\_  
TWT \$20.00 \_\_\_\_\_

TOTAL AMOUNT ENCLOSED: \_\_\_\_\_

**FOR OFFICE USE ONLY:**  
DATE RECEIVED: \_\_\_\_\_  
TWT (CIRCLE ONE) YES NO  
BOAT NUMBER: \_\_\_\_\_

Please make checks payable to JOSFC and mail to:  
JOSFC - 67 SAILFISH DR - ATLANTIC BEACH FL 32233