



Lucinda Light Tackle Tournament
"Malcolm Florence Memorial"
ONE DAY SHOOT OUT ~ 11 OCTOBER 2025
NOMINATION FORM

Tournament Team Name:

Boat Owners Name:

Boat Name:

Boat Length:

Boat Make:

Policy Number:

Insurers Name:

Policy Expiry Date

Boat Owner: I certify that a current Boat Insurance Policy Certificate has been provided with this Nomination Form.

TEAM/CAPTAIN/CREW DETAILS - MUST BE COMPLETED IN FULL
Note: Team - No less than TWO Anglers and no more than FOUR Anglers

Name in full:

ANGLER

CAPTAIN

CREW

Address:

Phone No:

Email:

Emergency Contact Person Name:

Phone No:

I am a financial club member with a club affiliated with QGFA

CLUB NAME:

I am submitting an IRRC club (associate) membership application form and payment with this nomination form

I certify that I have read the Rules of the Tournament and other requirements and agree to fully comply with all conditions outlined.

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CAPTAIN

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Lucinda Light Tackle Tournament TEAM DETAILS - Continued

Page 2: Use this page only, if there is not sufficient space on page 1 to enter your Angler/Team/Crew details - as you may have more than four.

Team Tournament Name

TEAM/CAPTAIN/CREW DETAILS - MUST BE COMPLETED IN FULL

Note: Team - No less than TWO Anglers and no more than FOUR Anglers

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CAPTAIN

CREW

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Email:

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