

Virgin Islands Game Fish Club (VIGFC)
46th Annual JULY OPEN '09 (July 3,4,5 & 6)
OBSERVER APPLICATION

5-18-2009

Have you successfully completed an International Game Fish Association (IGFA) Observer Training Course? Yes _____ No _____

If Yes... Date _____ Location _____

Are you a member of the Intl. Game Fish Tournament Observers, Inc.

Yes _____ No _____ (If yes, fill-in Parts I. & III.)

Have you participated in previous July Open Events as an Observer?

Yes _____ (date/s _____) No _____ (If yes, fill-in Parts I. & III.)

PART I. – APPLICANT INFORMATION

First Name _____ Last Name _____

Address _____

Contact Information:

E-Mail _____

Phone _____ home

Phone _____ work

Phone _____ cell

Emergency Contact:

Name _____

Relationship _____

Phone _____

Have you fished offshore before? Y ___ N ___ Approx. # of times _____

Are you physically capable of observing from the cockpit? Y ___ N ___

Have you ever been seasick under *normal* sea conditions? Y ___ N ___

COMMENTS -- Additional information (i.e.; Medical Restrictions, etc.)

PART II. – BILLFISHING/OBSERVING EXPERIENCE

- Have you fished/observed offshore for Billfish? Y ____ N ____
Approximately how many times? _____
- Approximate number of Billfish you have seen caught _____
Blue Marlin _____ White Marlin _____
Black Marlin _____ Striped Marlin _____
Sailfish _____ Spearfish _____

Please list those Tournaments in which you have participated: (w/Dates)

- Have you fished *Professionally*? Y ____ N ____
 - As a Captain? Y ____ N ____ Last date _____
 - As a Mate? Y ____ N ____ Last date _____
 - As a Commercial Fisherman? Y ____ N ____ Last date _____
 - As a Professional Angler? Y ____ N ____ Last date _____

Which areas have you gained most of your Billfishing/Observing Experience?

East Coast ____ West Coast ____ Gulf ____ Florida ____
Caribbean ____ Other _____

Do you feel you have the experience and knowledge to correctly identify the different species of Billfish? Y ____ N ____

If *Yes*, can you provide the name of a professional Captain, Tournament Director, or Tournament Observer Coordinator that can attest to your experience? Please list:

Name _____ Phone/E-mail _____

Name _____ Phone/E-mail _____

(optional)

PART III. – OBSERVER’S OATH OF RESPONSIBILITY

I swear that all information provided in this application is true to the best of my knowledge. (Initial _____)

I swear I will uphold the rules and regulations of the July Open Tournament in which I may participate. (Initial _____)

I swear that I will not enter into any wagering in tournaments in which I participate as an Observer (Initial _____)

I agree to hold harmless the VIGFC, tournament committees, directors, coordinators and participants in the event of any physical or emotional harm endured by me during my term of service. (Initial _____)

I hereby apply for assignment as a Tournament Observer during the VIGFC July Open. I understand that ***if selected***, I will need to send a check to the **VIGFC-Observers, P.O. Box # 2818, St Thomas, USVI 00803 in the amount of \$450.00 to confirm my participation.**

Printed Name

Signature

Date

EMAIL THIS APPLICATION TO: BOB@MALERBAS.COM

FAX : 203-634-4849

APPLICATIONS MUST BE RECEIVED BY JUNE 15TH, 2009

