

TACOMA PRESERVATION SOCIETY

Tuna Poling Adventures

REGISTRATION FORM



(Please Circle)

Men's or Ladies' Annual Tuna Poling Adventure

Name: Mr / Mrs	/ Ms	E:	
Ph:	M:	Emergency #: _	
Address:			
		State:	P/C
Tuna Polin PAYMENT: A departure date. Pletick this box [] a Account 166	Ig Adventure brochures, included to the sease make cheque in favour of and EFT your payment to Tac of 125 787. Please use your natificant the Port Lincoln airport	ights & Men's Trip - \$2,000 for ding dates, are available at www booking. This is fully refundable f Tacoma Preservation Society at some Preservation Society, Bendiame as the reference # and post that can be arranged & special dietals of the transposition.	up to 7 days before the and attach to this form or go Bank BSB 633 000 his completed form.
WHAT WE PI		imentary coffee & tea are available - and a <i>tick the bucket list</i> adventu	
proof jacket, a go drinks. NB we are	ood beanie (it's generally cool fair weather sailors <i>Women</i> :	bag, towel, sunscreen, a hat, boat with the southerly wind), seasick Please bring waterproof boots and arge sizes. <i>Please bring your med</i>	t pills and any alcoholic I wet weather trousers, as
A certain level of f		nd out of the racks to pole fish. Madventure is amazing and memora	
RESTRICT	TIONS: NO smoking and NO	thongs. <i>Please ring if you'd like</i>	more information.
AGE LIMITS:		der and under 60 years of age to obtain description of a section of the contraction of th	climb the Crow's Nest.
	omplete and post or email	**************************************	

www.tacoma.org.au P.O. Box 3088 Port Lincoln SA 5606 (please provide additional names below) M: 0476 173 860

Name: Mr / Mrs / Ms	E:	
Ph: M:	Emergency #:	
Address:		
<mark>Third guest:</mark> <u>Men's or Ladies' Annu</u>	ual Tuna Poling Adventure	2
Name: Mr / Mrs / Ms	E:	
Ph: M:	Emergency #:	
Address:		
Fourth guest: Men's or Ladies' Annu	ual Tuna Poling Adventure	2
Name: Mr / Mrs / Ms	E:	
Ph: M:	Emergency #:	
Address:		
	State:	
Fifth guest: Men's or Ladies' Annu	ual Tuna Poling Adventure	2
Name: Mr / Mrs / Ms	E:	
Ph: M:	Emergency #:	
Address:		