



**NINTH ANNUAL
LOS SUEÑOS SIGNATURE BILLFISH SERIES
January 25-28 and March 21-24, 2012
ENTRY FORM**

E-mail to: a.bretecher@lsrm.com Fax to: 011.506.2630.4010

CHECK ONE: **Leg I: January 25-28, 2012** **Leg II: March 21-24, 2012** **Both**

TEAM ENTRY APPLICATION

All boats, anglers, captains and crew will be required to carry a valid Costa Rican fishing license while participating in the Los Sueños Signature Billfish Series. Licenses may be purchased in advance of the tournaments from Incopesca or at check-in/registration. Each participating angler, captain and mate will be required to sign a release form upon registration.

***Required**

Boat and Engine Information

*Name of Boat: _____
 *Year Built: _____
 *Make: _____ Model: _____
 *Length: _____
 *Engine Make: _____ Model: _____
 Home Port: _____

Boat Captain

*Name: _____ Nickname (if applicable): _____
 Mailing Address: _____
 *City: _____ *State: _____ Zip: _____
 *E-mail: _____
 *Tel (home): _____ Work: _____ Cell: _____

Angler #1 (Primary Contact)

*Name: _____ Nickname (if applicable): _____
 *Occupation: _____
 *Have you been paid to fish within the last five years? Yes: _____ No: _____
 *If yes, please explain: _____

*Mailing Address: _____
 *City: _____ *State: _____ *Zip: _____
 *E-mail: _____
 *Tel (home): _____ Work: _____ Cell: _____



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Angler #2

*Name: _____ Nickname (if applicable): _____
*Occupation: _____
*Have you been paid to fish within the last five years? Yes: _____ No: _____
*If yes, please explain: _____

Mailing Address:

*City: _____ *State: _____ Zip: _____
*E-mail: _____
*Tel (home): _____ Work: _____ Cell: _____

Angler #3

*Name: _____ Nickname (if applicable): _____
*Occupation: _____
*Have you been paid to fish within the last five years? Yes: _____ No: _____
*If yes, please explain: _____

Mailing Address:

*City: _____ *State: _____ Zip: _____
*E-mail: _____
*Tel (home): _____ Work: _____ Cell: _____

Angler #4

*Name: _____ Nickname (if applicable): _____
*Occupation: _____
*Have you been paid to fish within the last five years? Yes: _____ No: _____
*If yes, please explain: _____

Mailing Address:

*City: _____ *State: _____ Zip: _____
*E-mail: _____
*Tel (home): _____ Work: _____ Cell: _____



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Angler #5 (if applicable- \$500 registration fee per tournament)

*Name: _____ Nickname (if applicable): _____
 *Occupation: _____
 *Have you been paid to fish within the last five years? Yes: _____ No: _____
 *If yes, please explain: _____

Mailing Address:

*City: _____ *State: _____ Zip: _____
 *E-mail: _____
 *Tel (home): _____ Work: _____ Cell: _____

Mate #1

*Name: _____ Nickname (if applicable): _____
 Mailing Address: _____
 *City: _____ *State: _____ Zip: _____
 E-mail: _____
 *Tel (home): _____ Work: _____ Cell: _____

Mate #2

*Name: _____ Nickname (if applicable): _____
 Mailing Address: _____
 *City: _____ *State: _____ Zip: _____
 E-mail: _____
 *Tel (home): _____ Work: _____ Cell: _____



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TOURNAMENT ENTRY FEES

The tournament entry fee includes boat entry, including 4 anglers, for trophies, cash and prizes; seven social tickets for 4 anglers, captain, and 2 mates; 4 angler bags; 1 captain bag.

Additional social tickets for the awards dinner will be sold at check in and registration only for a fee of \$100 each per tournament.

Tournament I (January 25-28)	\$7,000.00
Tournament II (March 21-24)	\$7,000.00
Tournament Series (both tournaments)	\$10,000.00
Observer Fee (per leg)	\$300.00

Additional Social Tickets @ \$100 each per tournament \$

Additional Angler Fee @ \$500 per tournament \$

Additional Angler Fee @ \$1,000 for the series \$

TOTAL \$

PAYMENT INFORMATION

International Transfer

Bank: BANK OF AMERICA
Miami Branch, NationsBank Tower
100 S.E. 2nd Street, Miami, FL 33131

SWIFT: BOFAUS3M

ABA Routing: 026009593

Credit to account 1901308820, of BCT Bank Int'l
Torre Banco General, Piso 15,
Calle Aquilino de la Guardia,
Panamá, República de Panamá
Tel. (507) 269-9565

Further credit to account 47542, of Silver Asset Management
Torre Banco General, Piso 15,
Calle Aquilino de la Guardia,
Panamá, República de Panamá

Reference: Signature Series- [Name of Boat]

Domestic transfer:

Bank: Banco BCT, S.A.
Cuenta Cliente: 10000010702000251
Cedula: 3-101-048587
Name: Silver Asset Management
Account: 47542 SAM



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TRAVEL PLANNING

Boat Reservations

Costa Rica Dreams Boat Charters

Toll-free: 732.901.8625 ext. 246,

Costa Rica: 011.506.2637.8942,

Or visit www.costaricadreams.com or e-mail: info@costaricadreams.com

Accommodations

Costa Rica Luxury Condo Rentals and Tours

***Ask about their discount for tournament participants- 20% off + free golf cart + free transportation from/to airport**

Tel: 011.506.2637.7105

Or visit www.CRLuxury.com or e-mail avi@crluxury.com

Los Sueños Marriott

Tel: 011.506.2630.9000

Or visit www.marriott.com/hotels/travel/sjols-los-suenos-marriott-ocean-and-golf-resort

Transportation

Airport Shuttle To and From Los Sueños

Transancho

Tel: 011.506.2637.8818

Or visit www.Transancho.com

Car Rentals

National Car Rental

Tel: 011.506.2637.7192

Or visit www.NationalCentroAmerica.com

Golf Cart Rentals

Plaza Cart Rental

Tel: 011.506.2637.8521

Or e-mail: frosales@durman.com