



The 19th Annual Manhattan Cup

June 7, 2019
Liberty Landing Marine
www.themahattancup.com



Angler Registration Form

Please complete and mail, email, or fax to:

Fisheries Conservation Trust
PO Box 3080
New Gretna, NJ 08224
Email: info@fisheriesconservationtrust.org
Fax: (609) 294-3812

- Boat Level:**
- Platinum (\$3,000-includes up to 4 anglers)
 - Light Tackle (\$2,000 includes up to 2 anglers)
 - Sportfish (\$1,500 includes up to 3 anglers on your own boat)

Number of Additional Anglers (\$500 Per Angler): _____

Number of VIP/Wounded Warriors/Press You Are Willing to Have on Your Boat: _____

TEAM INFORMATION

Team Name: _____

Preferred Captain/Boat (Subject to Availability): _____

What is Your Preferred Fishing Method: Fly Artificial Bait

Angler #1

Name: Last _____ First _____

Email: _____

Cell: (____) _____ - _____

Address: street _____

City, State ZIP: _____

T-Shirt Size: _____

Angler #2

Name: Last _____ First _____

Email: _____

Cell: (____) _____ - _____

Address: street _____

City, State ZIP: _____

T-Shirt Size: _____

PAYMENT INFORMATION
Payments to the Manhattan Cup are Tax Deductible

Boat Level: \$ _____
(Platinum-\$3,000, Light Tackle - \$2,000, Sportfish - \$1,500)

Additional Anglers: \$ _____
(\$500 per additional angler)

Additional Awards Dinner Tickets: \$ _____
(\$200 per additional ticket)

Total \$ _____

Check Make check payable to: **Fisheries Conservation Trust**

Credit Card (check one) VISA MC AMEX

Card #: _____

Exp. Date: MO _____ YR _____ CVV Code: _____

Name on card _____

Signature _____

Questions? Please call or email us.

Capt. Frank Crescitelli – (917-468-4817) or email finfly@aol.com
John DePersenaire – (609) 294-3810 or email info@fisheriesconservationtrust.org

ADDITIONAL ANGLER INFORMATION

Additional Angler #1

Name: Last _____ First _____

Email: _____

Cell: (_____) _____ - _____

Address: street _____

City, State ZIP: _____

T-Shirt Size: _____

Additional Angler #2

Name: Last _____ First _____

Email: _____

Cell: (_____) _____ - _____

Address: street _____

City, State ZIP: _____

T-Shirt Size: _____

Participant #3

Name: Last _____ First _____

Email: _____

Cell: (_____) _____ - _____

Address: street _____

City, State ZIP: _____

T-Shirt Size: _____

Participant #4

Name: Last _____ First _____

Email: _____

Cell: (_____) _____ - _____

Address: street _____

City, State ZIP: _____

T-Shirt Size: _____
