OFFICIAL ENTRY FORM 2026

7, 8, & 9 October 2026. Entries close on the 27th September 2026. Late entries will be accepted but may not receive a Goodie-Pack. **Fee Per Team (Zimbabwean Residents):** Two person team **U$70**. Three person team **U$105**.Four person team **U$140**. A further charge of **U$35** per reserve.

* All applicable sections **MUST** be completed in full and in **BLOCK CAPITALS.**

** Please note entry fees for international and SADC teams differ due to National Parks tiered tariffs. Contact us for pricing.*

RECEIPT NO.

Club Name (Zimbabwean)	Country (Non Zimbabwean)	Team Name

	First Name	Last Name	Sex	NAUZ No. (Zim Only)	Cell No.	Boat No.	Email Address
Captain							
Member 1							
Member 2							
Member 3							
Reserve / Driver							
Reserve / Driver							

No.	Boat Registration No.	Boat Name	Make of Boat

I wish to enter the team as listed above in the Kariba Invitation Tiger Fish Tournament 2026. I certify that all members have read and fully understood the rules and regulations contained in the KITFT rule book and / or presently on the KITFT internet site: www. kitft.co.zw and agree to abide by them at all times. All team members hereby absolve the NAUZ and KITFT from all responsibility from loss and damage to property, life or limb that may be sustained prior to, during or after the tournament. We further do solemnly declare that should we either as a Team or as individuals decide to travel beyond Starvation Island we do so at our own risk and further acknowledge that radio communications are limited in most cases to Lake Navigation. I certify that all the team members are fully paid up members of the Society / Club, which is affiliated to NAUZ (foot applicable for international teams). If any member is not a paid up member, his/her team will automatically be disqualified from the tournament and disciplinary actions taken. Only fully complete and signed forms are acceptable. Entry forms are to be dropped of at the MedNet offices at 64 Churchill Avenue, Alexander Park.

Captain: | **Signature:**

Name of Club	Authorised Signature	Club Address	Contact Number	Email Address

We attach POP for payment to cover the team entry fee for 2026.

KITFT CABS Nostro Account number: 1128861615. Please put your Team Name as your Reference.

MEDICAL INFORMATION SHEET 2026

Each team member must be entered onto the Medical Information Sheet below.

RECEIPT NO.

First Name	Last Name	ID NUMBER	Medical Aid	Medical Aid No.	Allergies	Next of Kin	Next of Kin No.

We attach POP for payment to cover the team entry fee for 2026.
KITFT CABS Nostro Account number: 1128861615. Please put your Team Name as your Reference.