

NA WAHINE O KE KAI 2008

Canoe # _____
(Office Use Only)

CREW LIST

CLUB NAME _____ ASSOCIATION _____

DIVISION: KOA _____ NON KOA _____

CLASSIFICATION: Open _____ Masters 40+ _____ Masters 50+ _____
(10 paddlers)

PADDLERS NAMES: _____ Date of Birth _____ Verify Age _____
(Please Print) (Office Use Only)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

CANOE NAME _____ OWNER _____

COLOR: Hull _____ Manu _____ Canvas _____

Coach Name _____ Signature _____

Waivers/ID's checked by: _____/_____ Date: _____/_____ PAID \$ _____

IMPORTANT: Please attach copies of proof of age and liability waivers.

Form due 9/22/08

Mail to Shelly Gilman, 12A Kailua Rd., Kailua HI 96734

or FAX to 808-263-1153 or bring to registration