

# NA WAHINE O KE KAI 2009

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 9/23/09

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

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