

NA WAHINE O KE KAI 2010

Canoe # _____
(Office Use Only)

CREW LIST

CLUB NAME _____ ASSOCIATION _____

DIVISION: KOA _____ NON KOA _____

CLASSIFICATION: Open _____ Masters 40+ _____ Masters 50+ _____

PADDLERS NAMES: (Please Print)	Date of Birth	Verify Age (Office Use Only)
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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 9/20/2010

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

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