

· · · · · · · · · · · · · · · · · · ·	_ PAID BY: CASH Rec'd By:		
PMT Dates: 1	Rec u by. 2 3		
2 3	Vehicle Pass #:		
C	lub Shirt PMT:		
3 20	2023 HCRA Waiver: ☐ ID:		
☐State ☐BC ☐Pass	nort Scholarshin		
	2 3 C 3 202		

## KAMAHA'O CANOE CLUB 2023-2024 SEASON

□MALE □FEMALE /Kapilina Reside	nt □YES □NO		ry □YES □No an □YES □NO/Retired □YES □NO
FIRST NAME:	LAST NAME:		Middle Initial:
	CIT		
	CELL PHONE:		
for/paddling in a competitive even			e and/or preclude you from training
What paddling categories are you i	ONO SWIM LEVEL? □UNABLE TO Senterested in?  GATTA RACES/LONG DISTANCE RA		
*This fee covers insurance and card cos SINGLE ADULT RACER (\$200.0 LKEIKI / NA'OPIO (\$150/ year) LRECREATIONAL PADDLER (\$15 HAVE YOU PADDLED FOR ANOTH		nce Races are an addition **if <b>yes</b> , please answ	nal cost per racer, per race* ver questions below**
□WOMEN □MEN	EY SHIRT ( <i>Included in membership</i> LGXL / <b>ADULT:</b> SMMI ess)	·	THER:/Style(short
IN AN EMERGENCY CONTACT	:P	HONE:	Relation:
The undersigned, having rea	ad and understood the above,	agree to the term	s and conditions.
Paddler /Parent / Guardian Name(s	):		
Paddler / Parent / Guardian Signatu	are:	Date:	

**\*\*NOTE:** If you are currently in a club, please indicate above and inform the coach to transfer