



St. Lawrence River  
**DRAGON  
 BOAT**  
*Challenge*

# TEAM REGISTRATION FORM

**REGISTRATION DEADLINE JUNE 30, 2017**

**RACE DAY JULY 15, 2017**

**PLEASE COMPLETE ALL INFORMATION**

.....  
 Team Name

.....  
 Name of Company/Organization

.....  
 Team Captain

.....  
 Email

.....  
 Phone

.....  
 Team Co-Captain

.....  
 Email

.....  
 Phone

.....  
 Address

.....  
 City/State

.....  
 ZIP

**TEAM DESCRIPTION:**

*(FOR POSTING ONLINE. CAN BE SHORT PARAGRAPH ABOUT YOUR TEAM OR COMPANY)*

.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

**REGISTRATION FEE:**

- \$1,000 Corporate**
- \$800 Community/Non-Profit**
- \$600 Youth (age 14-17)**

**PAYMENT**

**Payment Information**

Enclosed is payment for \$ .....

**Payment Method**

Checks payable to **CHMC - Dragon Boat**

- MasterCard
- Visa
- American Express
- Discover

.....  
 Credit Card Number

.....  
 Expiration Date

.....  
 Name on Card

.....  
 Signature

**PLEASE RETURN COMPLETED REGISTRATION FORM TO:**

Laura Shea/Community Relations  
 Claxton-Hepburn Medical Center  
 214 King Street  
 Ogdensburg, NY 13669

PHONE: 315.713.5249 | FAX: 315.393.3984