



St. Lawrence River
**DRAGON
 BOAT**
Challenge

TEAM REGISTRATION FORM

REGISTRATION DEADLINE JUNE 30, 2018

RACE DAY JULY 14, 2018

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)

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PLEASE RETURN COMPLETED REGISTRATION FORM TO:

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

PHONE: 315.713.5249 | FAX: 315.393.3984

- 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

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 Credit Card Number

.....
 Expiration Date

.....
 Name on Card

.....
 Signature