



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

# TEAM REGISTRATION FORM

**REGISTRATION DEADLINE** JUNE 30, 2019

**RACE DAY** JULY 13, 2019

**PLEASE COMPLETE ALL INFORMATION**

.....  
 Team Name

.....  
 Name of Company/Organization

.....  
 Team Captain

.....  
 Email

.....  
 Phone

.....  
 Team Co-Captain

.....  
 Email

.....  
 Phone

.....  
 Address

.....  
 City/State

.....  
 ZIP

**BOAT SIZE:**

*One boat selection per registration form*

\_\_\_\_\_ 10-paddler

\_\_\_\_\_ 20-paddler

**REGISTRATION FEE:**

	20-paddler boat		10-paddler boat	
	BEFORE 5/1/19	AFTER 5/1/19	BEFORE 5/1/19	AFTER 5/1/19
<input type="checkbox"/> Corporate/Business	\$1,000	\$1,100	\$500	\$600
<input type="checkbox"/> Community/Family	\$800	\$900	\$400	\$500
<input type="checkbox"/> Youth (age 14-17)	\$600	\$700	\$300	\$400

**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  
 Claxton-Hepburn Medical Center  
 214 King Street  
 Ogdensburg, NY 13669

PHONE: 315.713.5249 | FAX: 315.393.8506  
 Email: lshea@chmed.org

