



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 5/31/19	AFTER 5/31/19	BEFORE 5/31/19	AFTER 5/31/19
<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

