



MOLOKAI HOE 2007

FINAL CREW FORM-MASTER'S 55

CANOE NUMBER: _____

CLUB NAME: _____

COACH: _____

DIVISION:
MASTER'S 55+ _____

CLASSIFICATION:

KOA: _____

NON-KOA: _____

PADDLER NAME (Please print clearly)

DATE OF BIRTH/PROOF OF AGE VERIFIED

1. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>
7. _____	_____	<input type="checkbox"/>
8. _____	_____	<input type="checkbox"/>
9. _____	_____	<input type="checkbox"/>
10. _____	_____	<input type="checkbox"/>
11. _____	_____	<input type="checkbox"/>
12. _____	_____	<input type="checkbox"/>

CANOE INFORMATION: NAME OF CANOE: _____

COLOR OF HULL: _____ MANU: _____ CANVAS: _____

Coaches Signature: _____

DEADLINE FOR THIS FORM IS 12 NOON, SATURDAY, OCTOBER 6, 2007

All payments and completed forms should be mailed to:

OHCRA c/o Shirley Kalama
1005 Kamahale Street
Kailua, HI. 96734