

Miami Children's Hospital 2009 Miami Kayak Challenge

Registration Form Saturday, December 5, 2009



Name: _____

Company/Team: _____

Address: _____

City: _____ ST _____ Zip _____

Phone: _____ Email: _____

T-Shirt Size: X Large Large Medium

- Events:**
- Competitors Race (10 miles)
 - Recreational Race (5 miles)
 - Relay Race (Partner's name: _____)
 - Stand Up Paddle Board Race (*no rental available for this division*)

Categories: (Please check all that apply)

- Corporate Race
- Under 18 (must be in high school to participate)
- 18 - 39 Open
- 50 + Masters
- 60 + Grand Masters
- Male
- Female

Your Boat

- Design:**
- Outrigger, Team name _____
 - Surf Skis
 - Tandem
 - Sit On Top Sea Kayak
 - Closed sea kayak, > 18 ft Type _____ Design _____
 - Closed sea kayak, < 18 ft Type _____ Design _____
 - Stand Up Paddle Board (Rental not available for this selection)
 - Other: _____

Boat Needed: Please let us know in advance if you will need a kayak provided (**extra fee \$10**)

- I will not be able to attend, however, I will make a donation to the Cystic Fibrosis Foundation in the amount of \$ _____.
- Yes, I will try to bring in \$150 in pledges (please contact us for letter-writing/party ideas)

Registration Fee: \$40.00 (\$50 including kayak rental)

Check Visa Mastercard Discover American Express

Card Number: _____ Exp: _____ Authorized signature: _____

**Check-In Begins at
8:30 am**

**Races Begin at
9:30 am**

**Oleta River
State Park**

3400 N.E. 163rd Street
North Miami, Florida 33160



**For more information, please contact Jenny Miyar
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Tel: (954) 739-5006 – Fax: (954) 739-2890 - email: jmiyar@cff.org**