

TEAM/VESSEL INFORMATION

PLEASE PRINT OR TYPE INFORMATION AND INCLUDE ALL NECESSARY
DOCUMENTS. RETURN ON OR BEFORE SEPTEMBER 4, 2010

TEAM NAME_____

TEAM CAPTAIN NAME _____

STREET ADDRESS _____

CITY _____ STATE_____ ZIP CODE_____

HOME PHONE_____ WORK PHONE _____

FAX _____ EMAIL _____

CORPORATE SPONSOR (IF ANY)_____

PROPULSION DESCRIPTION _____

NUMBER OF PARTICIPANTS: _____ GALS _____ GUYS

BRIEF DESCRIPTION OF PARTICIPANTS IE: WHERE FROM, WHOSE IDEA, ETC._____

BRIEF DESCRIPTION OF VESSEL: _____

PLEASE FORWARD COMPLETED ENTRY FORM AND RELEASE AND INDEMNITY ON OR BEFORE SEPTEMBER
4, 2010

TO: LUKE HASKAKIS
103 R MAIN STREET
TILTONSVILLE. OHIO 43963