

P.O. BOX 690169
MAKAWELI, KAUAI, HI 96769
(808) 338-0722

2018

OFFICIAL ENTRY AND ROSTER FORM

MUST BE RECEIVED BY SATURDAY, JULY 14, 2018

(Complete all sections; copies will be accepted; Signatures of ALL athletes required)

TEAM NAME: _____

DIVISION (check one): OPEN (150+) WOMEN'S OPEN SOLO
 MAKULE (240+) SENIOR MAKULE (300+) GRAND MAKULE (360+) EXTREME MAKULE (420+)
 MIXED (3 MEN/3 WOMEN) MIXED MAKULE (240+ and 3 MEN/3 WOMEN)

#	TEAM MEMBER'S NAME (Please Print or Type)	T-size S-M-L-XL	AGE	Birth Date
1.	Captain:			
Mailing Address:			Home Tel:	
Emergency Contact: Phone:			Work Tel:	
			Email:	
2.	Name: Emergency Contact: Phone:			
3.	Name: Emergency Contact: Phone:			
4.	Name: Emergency Contact: Phone:			
5.	Name: Emergency Contact: Phone:			
6.	Name: Emergency Contact: Phone:			

ADDITIONAL BANQUET TICKETS (i.e., boat captain, spouse, friends, etc.): _____ x \$45.00 per person = \$ _____

TEAM CAPTAIN: My signature following indicates that I have read this application in its entirety and understand all of the rules of the race. Further, I acknowledge that in certain cases, failure to comply with the rules can result in my team being disqualified from the race.

Signature: _____

Date: _____

P.O. BOX 690169
MAKAWELI, KAUAI, HI 96769
(808) 338-0722

2018

BOAT CAPTAIN INFORMATION & SAFETY FORM

MUST BE RECEIVED BY SATURDAY, JULY 14, 2018

TEAM NAME: _____

THIS EXECUTED DOCUMENT IS REQUIRED FOR YOU TO BE ALLOWED TO ESCORT A RELAY TEAM IN THE MAUI CHANNEL SWIM. YOUR SIGNATURE INDICATES THAT YOU HAVE REVIEWED AND UNDERSTAND THE INFORMATION AND RULES CONTAINED HEREIN, IN THE ENTRY INSTRUCTIONS AND/OR DISCUSSED WITH YOU BY THE TEAM CAPTAIN AND THAT YOU AGREE TO COMPLY WITH ALL RACE RULES AND REGULATIONS. YOU WILL BE EXPECTED TO ATTEND THE FRIDAY NIGHT MEETING AT THE KA'ANAPALI BEACH HOTEL FOR FINAL REVIEW AND QUESTIONS.

Signed: _____
(To be signed by Boat Captain/Owner)

Date: _____

Boat Captain/Owner: _____
(Print Name)

Address: _____

Name of Boat: _____

Telephone Number: (____) _____

Boat Registration Number: HA-_____

Email Address: _____

Signed: _____
(To be signed by Team Captain)

Date: _____

Team Captain: _____
(Print Name)

*(Send original to Coco Emberson at PO Box 169, Makaweli, HI 96769 and send a copy to the team captain.
An executed copy of this document is required to be received by Coco prior to the race in order for you to escort a team.)*