

# 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  
Cystic Fibrosis Foundation – South Florida Office  
Tel: (954) 739-5006 – Fax: (954) 739-2890 - email: [jmiyar@cff.org](mailto:jmiyar@cff.org)**