INTENT TO PARTICIPATE	IN	TEN	T	ГО	PA	RTI	CIP	ΑΊ	Œ
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Hawaii Trials – Keehi Lagoon, Sunday, January 15, 2012

PRELIMINARY REGISTRATION FORM

DEADLINE:	October	31.	2011
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CLUB/NAME: _

(Please Print or Type Clearly) COACH/CONTACT PERSON: _____

ADDRESS: PHONE: (H)_____(C)____(W)____ E-MAIL ADDRESS: _____FAX: ____

Mark an (X) next to all events that you will be entering. If you are entering more than one crew in an event, please enter total number of crews participating in that event.

_V1 Junior Women (16)	2V1 Junior Men (16)
_V1 Junior Women (19)	4V1 Junior Men (19)
_V1 Open Women	6V1 Open Men
_V1 Women (40)	8V1 Men (40)
_V1 Women (50)	10V1 Men (50)
_V1 Women (60)	12V1 Men (60)
_V1 Women (70)	14V1 Men (70)
_V6 Junior Women (16) 500/1000M	16V6 Junior Men (16) 500/1000M
_V6 Junior Women (19) 500/1000M	18V6 Junior Men(19) 500/1000M
_V6 Open Women 500/1500M	20V6 Open Men 500/1500M
_V6 Women (40) 500/1000M	22V6 Men (40) 500/1000M
_V6 Women(50) 500/1000M	24V6 Men (50) 500/1000M
_V6 Women (60) 500/1000M	26V6 Men (60) 500/1000M
_V6 Women (70) 500/1000M	28V6 Men (70) 500/1000M
_V12 Junior Women (16)	30V12 Junior Men (16)
_V12Junior Women (19)	32V12 Junior Men (19)
_V12 Open Women	34V12 Open Men
_V12 Women (40)	36V12 Men(40)
_V12 Women (50)	38V12 Men (50)
_V12 Women (60)	40V12 Men (60)
_V12 Women (70)	42V12 Men (70)
	_V1 Junior Women (19) _V1 Open Women _V1 Women (40) _V1 Women (50) _V1 Women (60) _V1 Women (70) _V6 Junior Women (16) 500/1000M _V6 Junior Women (19) 500/1000M _V6 Open Women 500/1500M _V6 Women (40) 500/1000M _V6 Women (60) 500/1000M _V6 Women (60) 500/1000M _V6 Women (70) 500/1000M _V12 Junior Women (16) _V12 Junior Women (19) _V12 Open Women _V12 Women (40) _V12 Women (50) _V12 Women (60)

*All V12 Events will be AWARDED to Winners of V6 Trial Results

Total Numbers of entries: V1: _____ V6: ____ V12: ____ INTENT TO PARTICIPATE FEE: \$100.00 PER CLUB/TEAM AND \$10.00 PER EACH V1 PADDLER \$10.00 IF REGISTRERING AS A V1 PADDLER ONLY

*PAYABLE TO: HCRA – WORLD SPRINTS

*PAYMENT MUST BE RECEIVED WITH INTENT TO PARTICIPATE FORM BY: October 31, 2011

Received by: _____ Date: ____ Form of payment: _____

Please mail the completed form to: Luana Froiseth - 791 Sunset Ave - Honolulu, Hawaii 96816 If you have any questions call Luana at (H) 808-732-2639 or © 808-330-4774