

RACE CATEGORY AND ENTRY FORM

Step 1: Select Craft

CRAFT
<input type="checkbox"/> OC1
<input type="checkbox"/> OC2
<input type="checkbox"/> SS1
<input type="checkbox"/> SS2
<input type="checkbox"/> V1
<input type="checkbox"/> Prone-Unlimited
<input type="checkbox"/> SUP-Unlimited

Step 2: Select Division

DIVISION
<input type="checkbox"/> Female
<input type="checkbox"/> Male
<input type="checkbox"/> Mixed-must be equal or majority female paddlers
<input type="checkbox"/> Solo
<input type="checkbox"/> Relay

Step 3: Select Solo or Relay

DIVISION	Cost per person <i>before 4/23/17</i>	Cost per person <i>after 4/23/17</i>	# of persons	TOTAL
Adult SOLO	\$230	\$275	X	\$
Adult RELAY	\$200	\$245	X	\$
JR (18 & Under) SOLO	\$115	\$160	X	\$
JR (18 & Under) RELAY	\$100	\$145	X	\$
SUBTOTAL				\$
*Extra Banquet Ticket	\$42 (no extra tickets available at entrance)		X	\$
KIRA Donation				\$
TOTAL AMOUNT DUE				\$

***Banquet – Every race participant will receive entry into the Awards Banquet.**

Solo Individual OR Relay Team Name: _____

Model and Color of Craft: _____

Please make checks payable to Kanaka Ikaika Racing Association and mail to PO Box 342152 Kailua, HI 96734.
808.927.0711

info@kanakaikaika.com
www.kanakaikaika.com

KANAKA IKAIKA RACING ASSOCIATION Maui Jim Molokai Challenge

Team Captain/Team Member 1

Name:		Age on Race Day:	
Phone:		Gender:	M F
Email:		T-Shirt Size:	S M L XL XXL
Emergency Contact:		Slipper Size Men:	7 8 9 10 11 12 13 14
Emergency Phone:		Slipper Size Women:	6 7 8 9 10 11

Team Member 2

Name:		Age on Race Day:	
Phone:		Gender:	M F
Email:		T-Shirt Size:	S M L XL XXL
Emergency Contact:		Slipper Size Men:	7 8 9 10 11 12 13 14
Emergency Phone:		Slipper Size Women:	6 7 8 9 10 11

Team Member 3

Name:		Age on Race Day:	
Phone:		Gender:	M F
Email:		T-Shirt Size:	S M L XL XXL
Emergency Contact:		Slipper Size Men:	7 8 9 10 11 12 13 14
Emergency Phone:		Slipper Size Women:	6 7 8 9 10 11

Team Member 4

Name:		Age on Race Day:	
Phone:		Gender:	M F
Email:		T-Shirt Size:	S M L XL XXL
Emergency Contact:		Slipper Size Men:	7 8 9 10 11 12 13 14
Emergency Phone:		Slipper Size Women:	6 7 8 9 10 11

Team Member 5

Name:		Age on Race Day:	
Phone:		Gender:	M F
Email:		T-Shirt Size:	S M L XL XXL
Emergency Contact:		Slipper Size Men:	7 8 9 10 11 12 13 14
Emergency Phone:		Slipper Size Women:	6 7 8 9 10 11

Team Member 6

Name:		Age on Race Day:	
Phone:		Gender:	M F
Email:		T-Shirt Size:	S M L XL XXL
Emergency Contact:		Slipper Size Men:	7 8 9 10 11 12 13 14
Emergency Phone:		Slipper Size Women:	6 7 8 9 10 11