KANAKA IKAIKA RACING ASSOCIATION Maui Jim Molokai Challenge 5.29.2016



RACE CATEGORY AND ENTRY FORM

SURFSKI

SURFSKI SOLO				
DIVISION				
□ SS1	□ JR (18 & Under)			
□ SS2	□ 19-29			
	□ 30-39			
□ Male	□ 40-49			
□ Female	□ 50-56			
	□ 57-63			
□ Hawaii Resident	□ 64-69			
	□ 70+			

SURFSKI RELAY				
DIVISION				
	□ SS1 (2 or 3 paddlers only)	□ JR (18 & Under)		
□ Female	□ SS2 (4 paddlers only)	□ 19-39		
☐ Mixed-must be e	□ 40-55			
female paddlers		□ 56+		

OC SOLO				
DIVISION				
□ OC1	□ JR (18 & Under)			
□ OC2	□ 19-29			
	□ 30-39			
□ Male	□ 40-49			
□ Female	□ 50-56			
	□ 57-63			
□ Hawaii Resident	□ 64-69			
□ 70+				

OC RELAY				
DIVISION				
□ Male	□ OC1 (2 or 3 paddlers only)	□ JR (18 & Under)		
□ Female	□ OC2 (4 paddlers only)	□ 19-39		
□ Mixed-must be e	qual or majority	□ 40-55		
female paddlers		□ 56+		

SUP SOLO
DIVISION
□ 14' & under no rudder
□ Unlimited
□ Male
□ Female

SUP RELAY (2 or 3 Persons)				
DIVISION				
□ 14' & under no rudder				
□ Male				
□ Female				
☐ Mixed-must be equal or majority				
female paddlers				

PRONE

PRONE SOLO
DIVISION
□ 12' no rudder
□ Unlimited
□ Male
□ Female

SUP RELAY (2 or 3 Persons)				
DIVISION				
□ 12' no rudder				
□ Unlimited				
□ Male				
□ Female				
☐ Mixed-must be equal or majority				
female paddlers				

PAID BY: _

KANAKA IKAIKA RACING ASSOCIATION Maui Jim Molokai Challenge 5.29.2016



Model and Color of Craft	t:						
Team Member 1/Team	Captain						
First Name:		Last Name:					
Phone:		Email:					
Age on Race Day:	DOB:	Gender:	M F	T-Shirt Size	e: S	M L	XL XXL
Emergency Contact:		Emergency	Phone #:				
Team Member 2							
First Name:		Last Name:					
Phone:		Email:					
			N4 F	T Ch:-4 C:-			VI VVI
Age on Race Day:	DOB:	Gender:	M F	T-Shirt Size	5: 2	M L	XL XXL
	DOB:	Gender: Emergency		1-Snirt Siz	e: S	M L	XL XXL
Age on Race Day: Emergency Contact: Team Member 3	DOB:			1-Snirt Siz	9: 5	M L	XL XXL
Emergency Contact:	DOB:			1-Snirt Siz	e: 5	M L	XL XXL
Emergency Contact: Team Member 3	DOB:	Emergency		I-Shirt Size	e: S	M L	XL XXL
Team Member 3 First Name: Phone:	DOB:	Emergency Last Name:		T-Shirt Size			
Team Member 3 First Name: Phone: Age on Race Day:		Emergency Last Name: Email:	Phone #:				
Team Member 3 First Name: Phone: Age on Race Day: Emergency Contact:		Last Name: Email: Gender:	Phone #:				
Team Member 3 First Name: Phone: Age on Race Day: Emergency Contact: Team Member 4		Last Name: Email: Gender: Emergency	Phone #:				
Emergency Contact: Team Member 3 First Name: Phone: Age on Race Day: Emergency Contact: Team Member 4 First Name:		Last Name: Email: Gender: Emergency Last Name:	Phone #:				
Emergency Contact: Team Member 3 First Name: Phone: Age on Race Day: Emergency Contact: Team Member 4 First Name: Phone:	DOB:	Last Name: Email: Gender: Emergency Last Name: Emergency	Phone #: M F Phone #:	T-Shirt Size	e: S	M L	XL XXL
Emergency Contact: Team Member 3 First Name: Phone: Age on Race Day: Emergency Contact: Team Member 4 First Name:		Last Name: Email: Gender: Emergency Last Name:	M F Phone #: M F M F		e: S	M L	

OPTIONAL DONATION

JR (18 & Under) SOLO \$110 per person

Adult SOLO

Help support Hawaii Canoe and Kayak Team (HCKT). HCKT is one of the few organizations in Hawai'i to provide opportunities for youth to fulfill their Olympic dreams.

Adult RELAY

\$220 per person

HCKT Donation	\$
Entry Fee	\$
Extra Banquet Ticket	\$
TOTAL AMOUNT DUE	\$

entry into After Race Banquet 5/29/16

Extra Banquet Ticket \$35.00 per person

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

JR (18 & Under) RELAY \$90 per person

\$180 per person

OFFICIAL USE ONLY	DATE RECEIVED:	PAID BY:	APPROVED BY:	CRAFT #: