DMI PADDLE & PORTAGE REGISTRATION FORM

BOAT NAME:

PADDLER 1 INFO:

Last Name | First Name | M.I

Mailing Address

City | County | State

Zip Code | Sex | Age | Date of Birth (mm/dd/yy)

E-mail

Day Phone Number

Evening Phone Number

T-SHIRT SIZE (select one)

- ☐ Youth 14-16
- ☐ S Adult
- ☐ M Adult
- ☐ L Adult
- ☐ XL Adult
- ☐ XXL Adult

What prompted your P&P registration?

- ☐ News Article
- ☐ Friend
- ☐ Coach / Teacher
- ☐ TV ad
- ☐ Radio ad
- ☐ Other:

PADDLER 2 INFO:

Last Name | First Name | M.I

Mailing Address

City | County | State

Zip Code | Sex | Age | Date of Birth (mm/dd/yy)

E-mail

Day Phone Number

Evening Phone Number

T-SHIRT SIZE (select one)

- ☐ Youth 14-16
- ☐ S Adult
- ☐ M Adult
- ☐ L Adult
- ☐ XL Adult
- ☐ XXL Adult

What prompted your P&P registration?

- ☐ News Article
- ☐ Friend
- ☐ Coach / Teacher
- ☐ TV ad
- ☐ Radio ad
- ☐ Other:

EVENT INFORMATION

Check	Event Description	Division/Category	Fee
	Solo Canoe	Fast Class Racing 2.5 miles	$ 27
	Solo Kayak	Fast Class Racing 2.5 miles	$ 27
	Two-person Canoe	Fast Class Racing 2.5 miles	$ 54
	Solo Canoe (boats < 50 pounds and under 18")	Standard Class 1.5 miles	$ 27
	Adult / Child (adult, age 25 & over - child, 15 & under)	Standard Class 1.5 miles	$ 54
	Mixed Up Hill (1 male, 1 female – ages total 59 or less)	Standard Class 1.5 miles	$ 54
	Women's Up Hill (ages total 59 or less)	Standard Class 1.5 miles	$ 54
	Men's Up Hill (ages total 59 or less)	Standard Class 1.5 miles	$ 54
	Mixed Down Hill (1 male, 1 female – ages total 60 or more)	Standard Class 1.5 miles	$ 54
	Women's Down Hill (ages total 60 or more)	Standard Class 1.5 miles	$ 54
	Men's Down Hill (ages total 60 or more)	Standard Class 1.5 miles	$ 54
	Men's Over the Hill (both participants aged 40 years or older)	Standard Class 1.5 miles	$ 54
	Women's Century (both participants aged 50 years or older)	Standard Class 1.5 miles	$ 54
	Men's Century (both participants aged 50 years or older)	Standard Class 1.5 miles	$ 54

FEES

Total Event(s) Fee: _____

P&P Donation: (TAX DEDUCTIBLE) _____

TOTAL: _____

***To pay by credit card (VISA / MasterCard)**

Name as appears on card:

16-digit Account Number: | Exp. Date:

Signature:

Billing Address:

Please, make checks payable to:
Wisconsin Sports Development Corp.
P.O. Box 7788 Madison, WI 53707-7788

For Office Use Only Received: By: Entered: Payment: