



Registration Form

Division (circle): Men's Solo Women's Solo Men's Tandem Women's Tandem Mixed Tandem

Team or Boat Name: _____ **Boat Number (any 4-digits):** _____

Class: Adventure (0-4 races) Competitive (5+ races) **T-Shirt Size:** S M L XL XXL **Support Team:** YES NO

Full Name: _____

Address: _____ **City, State, Zip:** _____

Phone: _____ **Email:** _____

Friday night shuttle (extra \$10): YES NO

This form and payment **must** be received by May 18, 2012.

Send to: **South Dakota Kayak Challenge, LLC**
% Steven Dahlmeier
7124 W 50th St
Sioux Falls, SD 57106

Please include a check for \$75 made to
South Dakota Kayak Challenge, LLC.

No refunds after May 1, 2012.