



SOUTH DAKOTA KAYAK CHALLENGE

2019 SDKC Registration Form

Division (circle):

Men's Solo Women's Solo

Men's Tandem Women's Tandem Mixed Tandem

Open Class (3+ paddlers (one boat), row, modified, etc.)

Boat Number (any four digits): _____

Team or Boat Name (optional): _____

Class: Adventure (0-4 races) Competitive (5+ races) **T-Shirt Size:** S M L XL XXL

Full Name: _____ **DOB:** ____/____/____

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

Phone: _____ **Email:** _____

Support Team: YES NO **Support Team Contact:** _____ **Support Cell:** _____

Friday night shuttle (extra \$15): YES NO **Extra T-Shirt (\$15 each):** S M L XL XXL

2019 REGISTRATION FEE = \$60

This form and payment **must be received** by May 11, 2019.

Send to: *South Dakota Kayak Challenge, LLC*
P.O. Box 88744
Sioux Falls, SD 57109

Please make checks payable to:
South Dakota Kayak Challenge, LLC.

No refunds after May 1, 2019

RCVD: _____ CK# _____ AMT: _____