



Racine Surf Cup

July 7th & 8th 2007

Team Name: _____

Contact Name: _____

Contact Phone Number: () _____ - _____

Contact E-mail Address: _____

Contact Address: _____

	Team Member Name (Please Print)	Age	Sex (Please check one)	
1.			<input type="checkbox"/> M	<input type="checkbox"/> F
2.			<input type="checkbox"/> M	<input type="checkbox"/> F
3.			<input type="checkbox"/> M	<input type="checkbox"/> F
4.			<input type="checkbox"/> M	<input type="checkbox"/> F
5.			<input type="checkbox"/> M	<input type="checkbox"/> F