



Lake Superior Dragon Boat Festival
August 27 & 28, 2010
www.lakesuperiordragons.com



2010 Registration Form\*

PLEASE KEEP A COPY FOR YOUR RECORDS

Name of Company/Organization: \_\_\_\_\_

Team Name: (Need by July 1, 2010) \_\_\_\_\_

Team Manager: \_\_\_\_\_ Pledge Manager: \_\_\_\_\_

Email (required) : \_\_\_\_\_ Email (required) : \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Team Festival Discount Fee: \$ 700.00 - If deposit is received by 8:00 pm on Saturday August 22, 2009, AND balance paid by July 1, 2010.
Team Early Registration Fee: \$ 750.00 - If deposit received by May 1, 2010 AND balance paid by July 1, 2010
Team Regular Registration Fee: \$ 800.00 - After May 1, 2010

Registration Fee Includes: Two practice sessions (scheduled for the weeks of 8/16 through 8/27)
Race Day, Saturday, August 28, 2010

Registration Deposit: \$100.00 nonrefundable deposit due by the 8:00 pm on August 22, 2009 to receive the Festival Discount rate.
OR \$100.00 Deposit due by May 1, 2010 to receive the Early Registration rate
All Balances of Registration due by July 1, 2010 to retain these discounted rate

Team Tent Site Reservation: Email the Tent Mayor at tentmayor@lakesuperiordragons.com to reserve your site
Practice Schedules: Email practices@lakesuperiordragons.com to schedule

Challenge Category; must choose one: All Female Athletic Team Business Cancer Survivor (all paddlers) Cancer Survivors and Supporters Church Education Energy Friends & Family Food & Libations Government & Non Profits Health & Medical Home & Business Improvements Service Clubs Youth
Race Division : (Check one) Competitive Middle Novice

Mail form with \$100 nonrefundable deposit to: Lake Superior Dragon Boat Festival
39 N 25th Street East
Superior, WI 54880
Phone: (218) 260-9850 FAX: (715) 395-2853
Email: teams@lakesuperiordragons.com

Please make check payable to: Lake Superior Dragon Boat Festival and mail to the address above
OR Choose a Credit Card Option. Please initial your authorization below:
Option 1 \$700, Total Fee, or \$100 deposit, due by 08/22/09, \$600, balance charged on 07/01/10
Option 2 \$750 Total Fee, or \$100 deposit due by 5/01/10, \$650, balance charged on 07/01/10
Option 3 \$800 Total Fee, or \$100 deposit received after 5/01/10, and \$700, balance charged on 7/1/10
Mastercard Visa Card Number Expiration / /
Month Year
Name of Card Holder: Address: Zip Code: (REQUIRED)

For Festival Use Only: Festival Registration Early Registration Festival Registration Awards
Date Recvd1 Amt1 Balance Due1 Date Recvd2 Amt2 Balance Due2 Paid in full