



LONG BEACH SPRING RACE 2018 Team Roster Form

PRINT Team Name: _____

Division: _____

Please list each team member, alphabetically by last name, then first name.

	<18?	CPR	SCDBC MBR#		<18?	CPR	SCDBC MBR#	
<input type="checkbox"/>	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	1. _____	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	13. _____
<input type="checkbox"/>	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	2. _____	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	14. _____
<input type="checkbox"/>	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	3. _____	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	15. _____
<input type="checkbox"/>	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	4. _____	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	16. _____
<input type="checkbox"/>	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	5. _____	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	17. _____
<input type="checkbox"/>	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	6. _____	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	18. _____
<input type="checkbox"/>	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	7. _____	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	19. ALTERNATE: _____
<input type="checkbox"/>	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	8. _____	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	20. ALTERNATE: _____
<input type="checkbox"/>	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	9. _____	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	21. TEAM LEADER: _____
<input type="checkbox"/>	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	10. _____	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	22. DRUMMER: _____
<input type="checkbox"/>	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	11. _____	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	23. STEERSPERSON: _____
<input type="checkbox"/>	<input type="checkbox"/>		<input style="width: 40px;" type="text"/>	12. _____				

* Indicate if paddler is under 18
 + Indicate if paddler has valid CPR license or certificate

PRINT Team Captain/Manager Name: _____

Signature: _____ Date: _____
 Team Captain/Manager (Circle one)

NOTES: Crew composition will consist of 18 paddlers (minimum 6 female paddlers), drummer and steersperson per each boat. EXCEPTIONS - Open, Women and All Female Cancer Survivors Divisions.
 A paddler may be rostered on only one Mixed Division team. The Open, Women and Master Division rosters may reflect composite teams. EXCEPTIONS - Drummers and Steerspersons can race in more than one division.