



# 2008 Annual DFW Dragon Boat, Kite and Lantern Festival

Sunday, May 18, 2008

10:00 a.m. – 6:00 p.m.

Lake Carolyn, Irving, Tx

## 2008 Team Registration

Team Name: \_\_\_\_\_ Organization: \_\_\_\_\_

The Waiver Form must be signed by the Team Captain and submitted at the time of registration.

Team Captain: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (B): \_\_\_\_\_ (Cell): \_\_\_\_\_

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

City	State	Zip
1. Team Category (please check one):		
<input type="checkbox"/> Mixed Team – includes at least 8 paddlers of each gender (does not include steersperson/drummer).		
<input type="checkbox"/> Women's Team		
<input type="checkbox"/> Men's Team		
2. Challenge Cups (A team may enter only one Challenge Cup)		
<input type="checkbox"/> Community		
<input type="checkbox"/> Corporate		
<input type="checkbox"/> Education		
<input type="checkbox"/> Police, Firefighters, EFR		
<input type="checkbox"/> Open		
Registration Fee: \$500.00 Early Bird Fee		
PAYMENT:		
Check/money orders are payable to: ACP Foundation		
Return to : Marco Polo World Foundation, 1209 Valley Vista Drive, Irving, Texas, 75063		
Email: dragonboating@sbcglobal.net		
The DFW Dragon Boating Festival Committee reserves the right to refuse team entries.		
We (the participating team) understand that the final team qualification will be subject to the approval of the DFW Dragon Boating Festival Committee, and that the Festival Committee reserves the right to make changes to the entry categories that may be necessary to accommodate the event.		
SIGNATURE OF TEAM CAPTAIN: _____ DATE: _____		



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Team Name: \_\_\_\_\_

### 3. Dragon Boat Team Members

Name	Signed Waiver Checklist
1. _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>
7. _____	<input type="checkbox"/>
8. _____	<input type="checkbox"/>
9. _____	<input type="checkbox"/>
10. _____	<input type="checkbox"/>
11. _____	<input type="checkbox"/>
12. _____	<input type="checkbox"/>
13. _____	<input type="checkbox"/>
14. _____	<input type="checkbox"/>
15. _____	<input type="checkbox"/>
16. _____	<input type="checkbox"/>
17. _____	<input type="checkbox"/>
18. _____	<input type="checkbox"/>
19. _____	<input type="checkbox"/>
20. _____	<input type="checkbox"/>
21. _____	<input type="checkbox"/>
22. _____	<input type="checkbox"/>
23. _____	<input type="checkbox"/>
24. _____	<input type="checkbox"/>