Langkawi International Dragon Boat Regatta 2017

PROVISIONAL ENTRY FORM

(Please submit on or before 1st April 2017)

Nan	ne Of							
Ass	ociation/Club/Team							
Country								
Tea	m Manager							
DI NI I		NA 1 '1			0.00		Desire	
Phone Number		Mobile		Office		Residence		
Fax Number								
Fax	Number							
E_N/I	ail Address							
L-IVI	all Addiess							
Mailing Address								
ivia	g / (aa. 666							
	RACE EVENT		12 Crews		22 Crews	250 metres		
	nternational Premier Op							
2. International Premier Mix3. International Junior Unde								
3. I	international Junior Onde	i 23 Open]	
In the	following table, indicate	your numbe	r of partici	pants	S			
	-	-	•	-	_			
NO	DELEGATION		GEND					
		M	ALE		FEMALE			
1.	Team Manager							
2.	Coach / Team Captain							
3.	Steerer							
4.	Drummer							
5.	Paddlers							
6.	Reserves							
					TOTAL			
a								
Signature : Name of Team Manager :								
Data	. •							
Date :								

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