



2010 CALIFORNIA INVITATIONAL
BLIND SAILING REGATTA
MAY 14-16, 2010 | ALAMEDA, CA

2010 California Invitational Blind Sailing Regatta

TEAM INFORMATION FORM

TEAM INFORMATION

State / Country:

LOCAL INFORMATION

Yes we would like local housing.

Emergency contact:

Number of people:

Name:

No, please send information on local hotels.

Phone number:

GENERAL INFORMATION

How many vehicles will you have while in California?

How many coaches or team leaders will be traveling with the team?

Is there anyone other than racers or team leaders traveling with your team?

If yes, please list any additional people traveling with your team:

FLIGHT INFORMATION

Arrival date:

Airline and Flight Number:

Departure date:

Airline and Flight Number:

Please use space below or additional page if team members have different itineraries.

PARTICIPANT INFORMATION		
VI Helm:		Cell phone:
Address:		Birth Date
		Shirt Size:
Please List Sailing Accomplishments:		
VI Crew:		Cell phone:
Address:		Birth Date
		Shirt Size:
Please list sailing accomplishments:		
Sighted Tactician:		Cell phone:
Address:		Birth Date
		Shirt Size:
Please list sailing accomplishments:		
Sighted Crew:		Cell phone:
Address:		Birth Date
		Shirt Size:
Please list sailing accomplishments:		

Please send completed form to: ddavis@marinsailingschool.com

Note: This form due no later than 2 April 2010