



CANADIAN  
INTERNATIONAL  
DRAGON BOAT  
FESTIVAL SOCIETY

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DRAGON ZONE 2009  
INDIVIDUAL PADDLER INFORMATION FORM\*

A. TEAM INFORMATION

Team Name:

Team Coach:

B. PERSONAL INFORMATION

Name:

Date of Birth:

Gender:

Address:

City:

Postal Code:

Day Phone:

Eve. Phone:

Email (mandatory)<sup>2</sup>:

Email #2:

C. EMERGENCY CONTACT INFORMATION

Contact Name #1:

Relationship:

Phone Number(s):

Contact Name #2:

Relationship:

Phone Number(s):

Signature:

\* One form for each paddler.

2. Most correspondence will be done via email – please ensure you are able to access email to keep yourself informed.

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