

# 2017 MOTOR CITY REGATTA TEAM REGISTRATION FORM

*Please fill out this form completely and Mail to the Motor City Regatta at  
Motor City Regatta c/o Timothy Branson, 3821 Williams Street, Dearborn MI. 48124.  
before the July 28th, 2017 deadline.*

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

**Skipper:**

Name: \_\_\_\_\_ (circle one) M / F

Email : \_\_\_\_\_

Adult contact Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Adult contact Name and relationship; \_\_\_\_\_

Unit Number: \_\_\_\_\_ Council: \_\_\_\_\_

Allergies or Food concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Crew:**

Name: \_\_\_\_\_ (circle one) M / F

Email : \_\_\_\_\_

Adult contact Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Adult contact Name and relationship; \_\_\_\_\_

Unit Number: \_\_\_\_\_ Council: \_\_\_\_\_

Allergies or Food concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_