

RACING 2017 CBF # _____

Medical _____ Vision _____ Historique/Historic _____ Capsule _____

NOM/
NAME: _____

TYPE DE SANG/
BLOOD TYPE: _____

ADRESSE/
ADDRESS: _____

DATE DE NAISSANCE/
DATE OF BIRTH: _____ / _____ / _____
Day Month Year

VILLE/
CITY: _____

PROVINCE: _____

CODE POSTAL/
POSTAL CODE: _____

TELEPHONE: (____) _____

BUSINESS: (____) _____

CELL: (____) _____

NUMERO DE BATEAU
BOAT NUMBER: _____

NOM DU BATEAU
BOAT NAME : _____

CLASS _____

PROPRIETAIRE/
OWNER _____

CONDUCTEUR/
DRIVER _____

NAVIGATOR

E-MAIL _____ @ _____

Check Membership	X	CONVENTION *	AFTER				APBA joining	APBA #
		Until 31-12-2016	31-12-2016-				CBF	
INBOARD Owner / Driver		135,00 \$	165,00 \$				90,00 \$ US	
INBOARD Driver		120,00 \$	120,00 \$				80,00 \$ US	
Additional Boat		25,00 \$	25,00 \$				15,00 \$ US	
OUTBOARD / OPC		125,00 \$	155,00 \$				85,00 \$ US	
Add Class 5\$ per class								
Super Membership		135,00\$	165,00 \$				90,00 \$ US	
JUNIOR (Under 19 years)		65,00 \$	75,00\$				45,00 \$ US	
Powder Puff Race		20,00 \$	20,00 \$					
DRAG		70,00 \$	75,00\$				50,00 \$ US	
JET RIVER		125,00 \$	135,00 \$				85,00 \$ US	
VINTAGE / CLASSIC		50,00 \$	50,00 \$				35,00\$ US	
Vintage weekend		20,00\$	20,00 \$					
Single Event		50,00 \$	50,00 \$					

Card Number Visa/MC _____

Expiration Date _____

NOM/Name _____ Signature _____

TOTAL \$ _____

RELEASE * Signatue confirm reading and agreement of the release form
* Signature confirme la lecture et l'acceptation du consentement libération (release)

You must fill your MEDICAL HISTORIC FORM / Vous devez remplir votre HISTORIQUE MÉDICAL..

DATE _____

SIGNATURE _____