



2024 LOS ANGELES COUNTY CASTAIC LAKE DRAGON BOAT FESTIVAL



Hosted by
Team Dragon Eyes



Team Roster Form

Team Name: _____

Division: _____

PLEASE COMPLETE ENTRIES AS SHOWN IN THE EXAMPLE BELOW.

Please list each team member, alphabetically by last name. All information is required.

No.	LAST NAME	FIRST NAME	Gender	POSITION
EX	Doe	Jane	M / F	Drummer/Paddler/Steer/Alt
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I certify that each team member on this roster has read, understood, signed a waiver, and is eligible to participate in this event.

Signature of Team Captain:		Date:	
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