

2015 Central Youth Championships

CHANGE FORM

| | | |
|---------------------------|--------------------------|---|
| Organization Name: | | |
| Contact Name: | | |
| Day Phone: | | Evening Phone: |
| Cell Phone: | | Fax: |
| Email: | | |
| Event Name: | | |
| | | |
| Event #: | | Boat Designation (A boat, B boat, etc...): |
| | | |
| Outgoing Athletes | Incoming Athletes | Incoming DOB |
| Cox: | Cox: | |
| 8. | 8. | |
| 7. | 7. | |
| 6. | 6. | |
| 5. | 5. | |
| 4. | 4. | |
| 3. | 3. | |
| 2. | 2. | |
| 1. | 1. | |
| Reason? | | |
| | | |

Signed _____ Date submitted _____

OFFICIAL NOTES:

DATE: _____

INITIALS: _____