

MOKU O HAWAII CANOE RACING ASSOCIATION
OFFICIAL TRANSFER FORM

NAME OF PADDLER: _____

ADDRESS OF PADDLER: _____

BIRTHDATE OF PADDLER: _____

CLUB TRANSFERRING TO: _____

CLUB TRANSFERRING FROM: _____

REASON FOR TRANSFER REQUEST: _____

PADDLER'S SIGNATURE: _____

OFFICER OF CLUB TRANSFERRING FROM: _____

TREASURER OF CLUB TRANSFERRING FROM: _____

HEAD COACH OF CLUB TRANSFERRING FROM: _____

HEAD COACH OF CLUB TRANSFERRING TO: _____

DATE OF LAST RACE PADDLER PARTICIPATED IN: _____

CLASSIFICATION OF PADDLER: _____

DATE: _____

RACE CHAIRMAN: _____

RECEIVED AND FILED: _____

RACE SECRETARY / HEAD RECORDER: _____

MOH: 102
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