

9th Annual

Rose Regatta Dragon Boat Festival

Saturday, October 14th, 2017

Lake Las Vegas Resort



To Benefit Breast Health Services at Dignity Health - St. Rose Dominican

ENTRY FORM

1. Complete this Entry Form with entry fee (**due by August 5, 2017**).
2. Complete payment information below.
3. Mail to: Rose Regatta – St. Rose Dominican Health Foundation, 3001 St. Rose Pkwy., Henderson, NV 89052

SPONSOR/ENTRY FEES (All entry fees **must** be included with this form. Entry fees are non-refundable.)

- \$5,000 PINK SPONSOR (by June 10, 2017, for logo inclusion in WomensCare magazine)
- \$2,500 JADE SPONSOR (by June 10, 2017, for name inclusion in WomensCare magazine)
- \$2,500 PADDLERS WITH PURPOSE SPONSOR (by June 10, 2017, for name inclusion in WomensCare magazine)
- \$1,000 LOCAL TEAM ENTRY (before August 12, 2017)
- \$700 OUT OF STATE TEAM ENTRY (before August 12, 2017)
- \$50 INDIVIDUAL ENTRY (before August 12, 2017)
- DONATION – I am unable to participate but want to make a donation in the amount of \$ _____.
- \$200 – EXTRA TEAM PRACTICES. Extra practice sessions include a coach and steersperson (must be scheduled prior to August 1, 2017).

RACE CATEGORY (Check box for requested racing category.)

- Club Team – practice more than 8 times per year (minimum 8 female paddlers)
- Local Women's Team – all paddlers must be women
- Corporate Team – local corporate teams & corporate sponsors (minimum 8 female paddlers)
- Community Team – local community teams (minimum 8 female paddlers)
- Breast Cancer Survivor Team – breast cancer survivors only. TEAM ENTRY FREE
- Junior Racer Team – kids 12-18 years old

Team/Group Name _____

Name: _____

E-mail: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Payment Amount Enclosed: \$ _____ Check* Credit Card** (enter# on next line)

Credit Card Number: _____ Visa MC AMEX

Name on Card: _____ Card Expiration Date: _____

Authorized Signature of Cardholder: _____

*Make checks payable to St. Rose Dominican Health Foundation.

** If paying by credit card, you may pay online at www.roseregatta.org or fax this form to 702-616-5751 or call 702-616-5750.



Hosted by St. Rose Dominican HEALTH FOUNDATION and
the Barbara Greenspun WomensCare Centers of Excellence

WWW.roseregatta.org