2024 RowOn Championships

Name Change Form

Fee for a name change is \$5.00 + HST per name. Please use separate form for each crew				
ub Name:				
_	Event #	Race Time	Lane #	
-	f a boat can be char ng removed	nged (not including the Coxswa Athlete being added	nin). New Athletes DOB	
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I acknowledge it is my responsibility to ensure each substitute requested is listed on my Regatta Central roster and is a registered active member at a member club recognized by my national rowing federation. There will be no refunds for ineligible substitute requests. Club Rep Initial: _____

Payment Method:

*Non-Ontario Clubs must pay by credit card at the time of submitting name change request.

- □ Invoice Club
- □ E-transfer to <u>finance@rowontario.ca</u>
- □ Credit Card

Credit Card #:	CVC:
Name on Credit Card:	Expiry Date: /
Postal Code:	

Club Rep Authorizing Name Change

Club Rep's Name	Club Rep's Signature	Cell Phone #
OFFICE USE ONLY		
Payment received	By: (initials)	
Posted in Regatta Master	By: (initials)	

Name change fees will be waived, for medical reasons, if a note from a qualified medical professional is provided by Monday, July 22, 2024 at 5pm.