

# SANTA BARBARA CHANNEL SWIMMING ASSOCIATION (SBCSA)

## Notice to attempt a **RELAY** swim of the Santa Barbara Channel

Contact's First name.....Last.....

Address of contact : .....Zip code.....

City:.....State:.....Country:.....

e-mail: .....Telephone: .....

Pilot's name: .....Telephone: .....

Observer's name: .....Telephone : .....

Doctor's name: ..... Telephone .....

Will attempt : single .....double ..... triple..... crossing

Date of attempt: ..... Time: .....AM..... PM.....

Direction of crossing: From S.C. to S.B.....or from S.B. to S.C. ....

S.C. = Santa Cruz S.B. = Santa Barbara

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### Members of the crossing:

- 1.- First name ..... Last :.....
- 2.- First name ..... Last .....
- 3.- First name ..... Last .....
- 4.- First name ..... Last .....
- 5.- First name ..... Last .....
- 6.- First name ..... Last .....

### Fee for relay crossing:

Register by May 1:	Single relay crossing:	\$600
	Double relay crossing:	\$900
	Triple relay crossing:	\$1200

Register after May 1:	Single relay crossing:	\$900
	Double relay crossing:	\$1200
	Triple relay crossing:	\$1500

### Mail all necessary paperwork to :

Scott Zornig - SBCSA  
23191 Via Celeste  
Coto de Caza, CA 92679  
USA

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**Please return this Notice to attempt with the rest of the information 30 days prior to the date of the crossing.**