

SANTA BARBARA CHANNEL SWIMMING ASSOCIATION (SBCSA)

Notice to attempt a **SOLO** swim of the Santa Barbara Channel

First name:Last:

Address:Zip code

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

Date/place birth:.....Age:..... Gender:

e-mail:Telephone:

Pilot's name:Telephone:

Observer's name:Telephone :

Doctor's name: Telephone

Will attempt : singledouble 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

Fee for crossing:

Register by May 1:	Single solo crossing:	\$500
	Double solo crossing:	\$750
	Triple solo crossing:	\$1000

Register after May 1:	Single solo crossing:	\$750
	Double solo crossing:	\$1000
	Triple solo crossing:	\$1250

Mail all necessary paperwork to :

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

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