



Association Tahoe Event
B.P.:335 - 98713 - PAPEETE -
Tél. : 40 542828
Site Internet : www.vodafone.pf

Vodafone Channel Race Tahiti

14 june 2025

REGISTRATION FORM

IMPORTANT : Registration fees for following categories : Junior Men, Senior Men, Veteran Men (40+, 50+), Open Women are free.

This registration form must be completed and send to the address of the Vodafone Channel Race Tahiti Organizing Committee no later than June 11th 2025 at the latest.

One form to complete per crew

☐ Junior Men ☐ Senior Men ☐ Veteran Men 40 + ☐ Veteran Men 50 + ☐ Open Women

Registered Club Name :

Va'a N° :

Name - Surname of the person in charge :

Contact : E-mail :

Country : City Hall :

Licence n° : Insurance Company N° :

Please note that each foreign rower will have to provide at the time of his registration :

- ✓ The copy of confirmed return ticket.
- ✓ The copy of updated license for the 2025 season.
- ✓ A medical certificate dated less than 2 months, attesting to his physical and medical fitness to compete.
- ✓ The rowers of foreign clubs will have the obligation to provide an insurance certificate guaranteeing the pecuniary consequences of the civil responsibility which could fall to them, because of the physical, material and immaterial damage, whatever their origins, caused to any third party, including the organizers of the canoe race.

The rowers of foreign clubs must subscribe to :

- ✓ An individual accident insurance.
- ✓ An insurance with the option of repatriation assistance.

In case of insufficient coverage of the insurance policy taken out by the rowers, the Tahoe Event Association will be released from any responsibility that could be attributed to it.

At : Date : / / 2025

Club President,



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NAMES LIST OF REGISTERED TEAM

☐ Junior
Men

☐ Senior
Men

☐ Veteran
Men 40 +

☐ Veteran
Men 50 +

☐ Open
Women

Registered Club Name: _____ Va'a N°: _____

NAME - SURNAME	INSURANCE COMPANY N° (COMPULSORY)	DATE OF BIRTH	H	O
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

• Caption : H : Holder - O : Open

COMMISSIONNER NAME - SURNAME	INSURANCE COMPANY N° (COMPULSORY)	DATE OF BIRTH	CONTACT
1			



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CREW T-SHIRT SIZE

NAME - SURNAME	S	M	L	XL	2XL	3XL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

COMMISSIONNER T-SHIRT SIZE

COMMISSIONNER CREW NAME - SURNAME	S	M	L	XL	2XL	3XL
1						

- Caption : S : Small - M : Medium - L : Large - XL : Xlarge - 2XL : 2 XLarge - 3XL : 3 XLarge