

KDBA EVENT REGISTRATION FORM

Submit to: Donna Salsman
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BOAT # _____ EVENT & DATE _____ CLASS _____

MEMBERSHIP: KDBA SDBA ADBA OTHER _____

BOAT NAME _____

OWNER _____

DRIVER (IF DIFFERENT) _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Phone _____

Phone _____

E-Mail _____

E-Mail _____

SSN/TIN _____

SSN/TIN _____

KDBA USE ONLY

Class License: _____

Expiration: _____

Licensed Sanctioned by _____

Verified _____
