

Participant Name				le
Address				
City		State	Zip Code	
Telephone #	Fax #		E-mail	
Date of Birth	Age	Parent Name (if und	der 18)	
			Beginner Wakeboard	
PARK COMPETING AT:		-	Novice Wakeboard	
			☐ Intermediate Wakeboard	
	Amateur W	/akeskate	Advanced Wakeboard	
	Profession	al Wakeskate	Pro Wakeboard	
Series St	op #1 Date:	\$	Series Stop #5 Date:	
Series St	op #2 Date:	\$	Series Stop #6 Date:	
Series St	op #3 Date:		-OR-	
Series St	op #4 Date:	\$	ALL SIX EVENTS! Save Mon	ey!!!!
PARK WAIVER VERIFIED BY:		PAID:	DATE: TRANSACTION	NUMBER:
All Weekly event payments are m	ade to your local cable park.			
Total \$ (please enclose Credit Card #			asterCard	
Billing Address			Zip Code	

Cardholder's Signature__

_3 Digit Security Code:____