



1251 Holy Cow Road
Polk City, Florida 33868-8200
(863) 324-4341 ★ fax: (863) 325-8259



Participant Registration Form

Registrar's Information

Name _____
Address _____
Daytime phone _____
Email _____

Tournament Name _____ Tournament Sanction # _____ Clinic Sanction # _____ Date(s) _____
Site/City/State _____ Chief Driver _____ Chief Safety _____

← COMPLETED BY PARTICIPANT →				← CHECK LIST FOR REGISTRAR →										
USA Water Ski Member # (or Guest Member)	Full Name	Address	City/State/Zip	League(s) entered	Division	USAWS Memb. Card Chk'd	USAWS Memb. paid	Guest Memb. paid	Entry Fee Paid	Bio Complete	Attack Sheet Completed-NWL	Check here if O.K.	Place(s)	Clinic Participant
999-12-1234	Sally Sue	1234 5 th St	City, State, Zip	NSL	Adv.			✓	✓	✓		✓	5th	
Guest Member	John Smith			NWL	Beg.	✓			✓	✓	✓	✓	1st	✓

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS AND RETURN ORIGINAL TO USA WATER SKI