

☆☆☆ OFFICIALS ☆☆☆

Clinic Registration Form

Clinic Date: _____ Sanction # _____
 Clinic Location: _____
 Region: _____ Sports Div: _____

Name/Address/Phone of Registrar

For Office Use Only: (Payment Information)

Clinic: _____ Memberships: _____
 Received Date: _____
 Check#: _____ Entered Date: _____

Please Note: All clinic participants must be fully insured "Active" USA Water Ski Members. Insured USA Water Ski memberships may be purchased at the clinic at which time a temporary receipt will be issued. Maintenance and/or upgrading credit will not be issued unless attendee has paid the required clinic fee (with the exception of clinic instructors). Please type or print clearly all requested information.

Membership Number	FULL NAME			MAILING ADDRESS			DAY PHONE W/Area Code	Clinic Fee Paid (\$10 + \$5)
	Last	First	Int.	Address	City	St Zip		

Instructors:

**A=Assistant, R=Regular, S=Senior, U=Unrated*

Printed Name: _____ Membership#: _____ Rating Type: _____ Signature _____

Printed Name: _____ Membership#: _____ Rating Type: _____ Signature _____

Printed Name: _____ Membership#: _____ Rating Type: _____ Signature _____

Return completed sheet, any collected membership fees, and all excess clinic materials, to: USA Water Ski, Attn: Competition Department, 1251 Holy Cow Rd., Polk City, FL 33868.