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**ENTRY FORM Date \_\_\_\_/\_\_\_\_/\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Athlete Name:** |  | **Male/Female** |  |
| **Address:** |  |
| **City:** |  | **State:** |  | **Postal Code:** |  |
| **Phone:** |  | **Fax:** |  |
| **Email:** |  | **Age:** |  | **Date of Birth:** |  |

**Divisions: Please mark with an “X” next to your division you wish to enter.**

Riders may only enter one wakeboard and/or one wakeskate division.

Riders may not enter 2 wakeboard divisions or 2 skate divisions

**ENTRY FEE - $30**

**….. Kids Club UNDER 10 Girls** (Under 10 at 1/7/20) **…. Kids Club Under 10 Boys** (Under 10 at 1/7/20)

**…. ROOKIE Girls** (10 or over at 1/7/20) **…… ROOKIE Boys** (10 or over at 1/7/20)

**.……. Ladies Intermediate ……..Ladies Open**

**……..Wakeskate Intermediate.…….Wakeskate Open**

**……..Mens Intermediate …... Mens Advanced …….Mens Open ……Dodgy Dads**

In entering this event the rider agrees to ensure that their conduct does not bring discredit to the venue, its management and/or the sponsors or organizers of the event, on or off the competition site before, during or after the events. Behaviour that may cause action to be taken, including disqualification from any current or future events, may include but not be limited to violence, theft, vandalism, outspoken or offensive opinions, swearing, equipment abuse, substance or alcohol abuse, under-age drinking, unsportsmanlike conduct, or any actions deemed to bring the event or the sport into disrepute. Furthermore the rider acknowledges that the management of this series and any associated series will uphold, respect and honour any restrictions or limitations placed upon any riders by any other governing body or association within the wakeboard industry. Bli Bli as the governing body of this event reserves the right to refuse entry to any rider at its sole discretion.

**TOTAL ENTRY ENCLOSED………………………………**

All Entry Forms should be sent by email to

**BLI BLI WAKE PARK** Email info@blibliwatersports.com.au Phone: 07 5448 7555

Or handed in at the front counter

  **Payment Type** (Please Mark with “X” or Highlight)

**VISA**   **MasterCard**

Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp \_\_\_\_\_\_\_

Name on Credit Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address for Credit Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_