



Mile High Wakeboarding™
Wakeboard Contest Registration Form

Wakeboard Contest: **Contest Date:** _____ **Contest Date:** _____
(Check the Events That Apply)

Participant Information:

Name (Please Print Clearly): _____ Male Female

Birth Date: ____ / ____ / ____ Age: _____ T-Shirt Size: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Best Phone C/H/B: _____ Alt Phone C/H/B: _____
(C=Cell H=Home B=Business)

E-mail*: _____
(*We do not share your E-mail address but it is required for contest updates, and to download official photos and videos after each event)

Wakeboard Division: (Sandbaggers will be bumped up to the next division.)

- Grom = < 12 years old Beginner = Basic Jumps / Grabs Women = Open to Non Pro Women Masters = Open to Men 35+
 Intermediate = < 2 Inverts or Spins Advanced = < 4 Inverts or Spins Outlaw / Open = 5+ Inverts or Spins

How did you hear about this contest?

Cost Of Each Contest:

See website for costs. Amount Paid or to Charge:\$ _____

Payment Method:

Personal, business, cashier's check, or money order, payable to Mile High Wakeboarding.
(Please fill in the participant's name in the memo section.)

Visa MasterCard Amex Discover Name As It Is Printed On Card: _____

Card # _____ - _____ - _____ Exp Date: _____ 3-4 Digit Code: _____

I have read and I understand the refund, cancellation, and change policy detailed in FAQ's of the website.

Cardholder Signature: _____ Date Paid: _____

Participant Signature: _____ **Today's Date:** _____

Parent's Signature (If Under 18): _____ **Today's Date:** _____

Fax, mail, or email this completed form to:
Mile High Wakeboarding; Contest Registration; PO Box 746113, Arvada CO 80006-6113
Phone 303-955-5420; Fax 303-957-5420; reg@milehighwakeboarding.com