

2005 Ski Motion Safety Clinic Registration

(It is the responsibility of your team to ensure all members are USA Water-Ski Insured)

Team Name: _____

Contact Name: _____

Contact Email: _____ **Contact Phone:** _____

Safety Participant 1:

- Name: _____
- USAWaterSki # _____
- Driver Testing: Yes _____ No _____
- Friday Eve Class; Yes _____ No _____

Safety Participant 2:

- Name: _____
- USAWaterSki # _____
- Driver Testing: Yes _____ No _____
- Friday Eve Class: Yes _____ No _____

Safety Participant 3:

- Name: _____
- USAWaterSki # _____
- Driver Testing: Yes _____ No _____
- Friday Eve Class: Yes _____ No _____

Safety Participant 4:

- Name: _____
- USAWaterSki # _____
- Driver Testing: Yes _____ No _____
- Friday Eve Class: Yes _____ No _____

Safety Participant 5:

- Name: _____
- USAWaterSki # _____
- Driver Testing: Yes _____ No _____
- Friday Eve Class: Yes _____ No _____

Safety Participant 6:

- Name: _____
- USAWaterSki # _____
- Driver Testing: Yes _____ No _____
- Friday Eve Class: Yes: _____ No _____

Team Name: _____

Number Attending Safety Only = _____ x **\$15.00** = _____

Number Attending Safety/Drivers = _____ x **\$25.00** = _____

TOTAL = _____

Please make checks payable/and return forms to:

Midwest Ski Otters

P.O. Box 10693

White Bear Lake, MN 55110

e-mail forms or questions to: info@skiotters.com