

CAPITAL AREA PWC CLUB REGISTRATION FORM

(All info gathered is for club internal use only and will not be shared with other entities. Info will only be used to plan events and help riders get hooked up with other like minded riders.)

Registration Date / /

Name _____

Address _____

Phone _____

Email _____

Age _____

Occupation (General) _____

Primary Port(s) _____

Years Riding _____

Ski Year Make & Model(s) _____

Boat License? Yes No

AWA member? Yes No Intend to Join

Rider Type (Check all that apply):

Cruiser

Racer/Speed Junkie

Jumper

Explorer

Wakeboard/Skier

Other _____

Other Hobbies _____

What would you like most to get out of this club? _____

Skills, connections or assets you would like to offer to help the club grow (not required) _____

Thank you for joining, this is now your club as much as it is ours so make the most of it!