

CLINIC/LESSON SIGN UP FORM

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

AGE

HEIGHT

WEIGHT

SHOE SIZE

SKILL LEVEL

PLEASE CHECK BOX AND REQUEST DATE AND TIME FOR EVENT, YOU WILL BE CONTACTED BY A MUNSON REPRESENTATIVE TO CONFIRM THE TIME

WAKEBOARD WEDNESDAY DESIRED DATE/TIME:

WATERSKI CLINIC DESIRED DATE/TIME:

PRIVATE LESSONS DESIRED DATE/TIME:

**PLEASE PRINT AND FILL OUT RELEASE OF LIABILITY WAIVER. IF UNDER 18 YEARS OF AGE GUARDIAN MUST SIGN. BRING THIS WITH YOU TO EVENT.

PARTICULAR TYPE OF BOARD, SKI, OR PRODUCT YOU WOULD LIKE TO TRY

QUESTIONS/COMMENTS: