



★ PHILIPPINE WATER SKI AND WAKEBOARD ★
FEDERATION

REGISTRATION FORM

Name: _____
(Last Name) (First Name) (Middle Initial)

Nickname: _____ Gender: _____

Date of Birth: _____ Age: _____

Home Address: _____

Office Address: _____

E-mail Address: _____

Telephone Number: _____ Mobile Number: _____

Division: (Kindly check your division)

____ Grooms – Boys
(9-13 yrs. Old)

____ Jr. Men
(14-18 yrs. Old)

____ Men's
(19-29 yrs. Old)

____ Masters
(30-39 yrs. Old)

____ Girls
(13 years & below)

____ Jr. Women
(14-18 yrs. Old)

____ Open Women
(Any Age)

____ Veterans
(40 yrs. Old & over)

____ Pro Men

____ Pro Wakeskate

******Any division with less than 4 riders will be subject to merging with the closest division.***

Signature: _____

Date: _____

You may fax or email your form along with a copy of your birth certificate to the liaison office:

FAX: +63 2 817 0832

TEL.: +63 2 817 5729 / +63 2 813 7083 / +63 2 817 9558

E-mail: info@camarinessur.gov.ph