

NOOSA HEADS SURF LIFE SAVING CLUB

BOARD & SKI RACK ALLOCATION

Name: _____

Phone: _____ Email: _____

Age Group for the coming season: _____

Type of Rack Allocation requested: **SKI OR BOARD OR BOTH** (please circle)

Active years with Noosa Heads SLSC: _____ Actives years in Surf Life Saving: _____

Carnivals I attended last season _____

Carnivals that I intend to compete in this season:

Events I volunteered for last season _____

I intend to attend Board training session's _____ a week.

I intend to attend Ski training session's _____ a week.

Applicant signature: _____ **Date:** ____/____/____

Parent consent

Parent/Guardian _____ **Date:** ____/____/____

Office Use only

Board Rack Approved: Yes / No

Ski Rack Approved: Yes / No

Head Coach Signature:..... date:

Discipline Captain Signature: Date:

S:\Surf Sports\Forms Applications Craft\Board or Ski Rack Allocation (2).doc

Updated 14 May 2012