



GORDY BUBOLZ WAKEBOARD CAMP



Email: gordy@wakeboardingcamp.com
wakeboardingcamp.com
920-205-2753

Week Reserved: _____

Student's Home Phone: _____ Email Address: _____

Name: _____ Gender: _____

Weight: _____ Height: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Father's Name: _____ Phone: _____

Address: _____ Home Phone: _____

Mother's Name: _____ Phone: _____

Address: _____ Home Phone: _____

Favorite Sports: _____

Favorite Foods: _____

Disliked Foods: _____

List Any Allergies: _____

List All Medications Needed While at Camp: _____

Doctor's Name: _____ Phone: _____

List Any Physical and/or Mental Limitations: _____

Explain: _____

Emergency Contact: _____ Phone: _____

Relation: _____ Secondary Phone: _____

Have You Had a Tetanus Shot? _____ Is It Up To Date? _____



GORDY BUBOLZ WAKEBOARD CAMP



Email: gordy@wakeboardingcamp.com
wakeboardingcamp.com
920-205-2753

Skis Used- Wakeboard: _____ Slalom: _____ Kneeboard: _____ Trick Skis: _____

Do You Barefoot? _____

Which Foot Forward Are You? Right: _____ Left: _____

Right Handed: _____ Left Handed: _____

What Type of Boat Do You Normally Ski Behind? _____

Tell Us About Your Family (write on back if needed): _____

How Did You Learn About The Gordy Bubolz Wakeboard Camp? _____

What Do You Expect To Learn At The Camp? _____

Please complete this form and send it with a **non-refundable** \$175.00 deposit to:

Gordy Bubolz Wakeboard Camp
P.O. Box 2561
Appleton, WI 54912-2561
920-205-2753