



For latest contest info visit the O.B. Geriatric Surf Club website

www.obsurfclub.com



SATURDAY & SUNDAY APRIL 9 & APRIL 10, 2005 OCEAN BEACH PIER SAN DIEGO, CA

FIRST HEAT STARTS 7:00AM BE THERE FOR HEAT ASSIGNMENT!

OFFICIAL ENTRY FORM

| Address | | | |
|--|---|--|---|
| City/State/Zip | | | 1200 |
| E-mail Address | | | |
| Phone | Sponsor | Ame | rican KneeRiding Club |
| DIVISION(S) ENTERED: **** NO | O Entry afte | ^r Apr | il 1**** |
| JUNIORS (Age 15 and under): | LONG BOARD | | SHORT BOARD |
| MEN (Age 16 and up): | LONG BOARD | | SHORT BOARD |
| KNEEBOARD: | " THE | ANI | |
| WOMEN (SUNDAY ONLY): | LONGBOARD | | SHORT BOARD |
| FAMILY (SUNDAY ONLY): | Dad/Son; Mor | n/Daugh | ter, etc.) |
| O.B. GERIATRIC S | URF CLUB MEMBER | SONLY | (SUNDAY ONLY): |
| | NG BOARD | SHORT | BOARD |
| nere will be separate elimination he SUP | ats for each divisi ER HEAT Open Div | | |
| \$40 PER DIVISION if received by March 1 \$45 PER DIVISION if received by March 15 | | | Make checks payable to: |
| | | | O.B.Geriatric Surf Club |
| \$50 PER DIVISION if received by March 31 NO BEACH ENTRIES | | | Mail to: |
| ENTRY FEE: INCLUDES T SHIRT | | | 4418 Temecula St. |
| * Portion of proceeds to benifit local charity * | | | San Diego CA 92107 |
| administrators, hold harmless and forever relea any City, County, State of California governmer liability for injuries and/or damages whatsoever | atisfied. I voluntarily assu ntry I, intending to be leg use The Ocean Beach Ge nts concerned, any officia r arising from my presence | me all risi ally bound riatric Su Is and sp e or parti | ks related to the use of the contest site. d, hereby for myself, my heirs, executors and rf Club, their members, agents, co-sponsors, onsors connected with the event from all |
| SIGNATURE | | | DATE |

FOR CONTESTANTS UNDER 18 YEARS OF AGE: I hereby certify that I am the parent, or guardian, of the surfer named above, and do hereby give my consent, without reservation, to the foregoing and agree to hold the aforementioned from any liability. I also give my consent for any medical treatment when needed.

PARENT OR GUARDIAN SIGNATURE

DATE ____