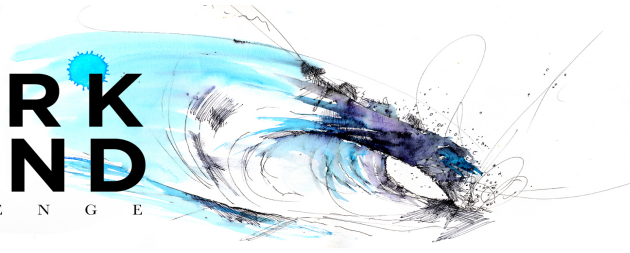


SHARK ISLAND

C H A L L E N G E



The 2011 Brett Young Memorial Shark Island Trials

The Gate Way To The 2011 Shark Island Challenge.

Cronulla Point, Cronulla, NSW (Mobile event)
2ND – 5th June 2011 (best swell day)

The Deal: All competitors are to complete the attached entry and medical form

PLEASE NOTE: 64 MAN FIELD (first 64 entries)

Please Note: All competitors must sign entry form and applicants U/18 years of age must have entry form signed by Parent/Guardian. Any unsigned applications and/or applications without money or medical forms will not be accepted...

Entry Fee: All trials participants must pay **\$150 AUD** to enter – confirmation of entry via email / contact number

Closing Date: Last entries 30th May 5pm - Beach Entries available only in first round if a paid competitor fails to turn up.

Information:

Date: 2nd -5th June, (best swell day) **Time:** 8am Start, **Venue:** Cronulla Point, Cronulla (event to moved to best location in Cronulla region)

Check-in: 6:30 am Cronulla Point or otherwise re-directed.

Contact: Alex Leon (Contest Director) 0414 330 145

Make money order/ cheque to:
International Bodyboarding Association Pty. Ltd.

Post money order/ cheque / to:
International Bodyboarding Association Pty. Ltd.

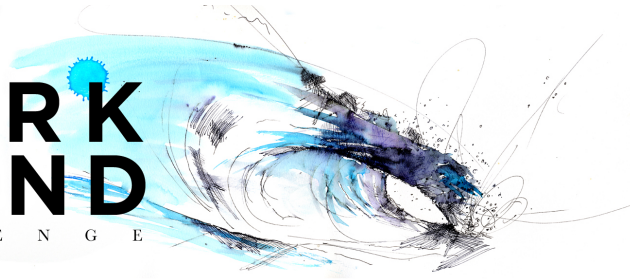
PO Box 2747 Taren Point BC NSW Australia 2229

PAYPAL: gregg@ibaworldtour.com

For further details and / or confirmation please contact Contest Organiser Alex Leon before the 30th May 2011. Email > sharkislandchallenge@gmail.com

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ENTRY FORM

Name:

Address:

E-mail:

T-shirt size: S M L XL

Contact Number:

Age:

Parent/ Guardian if under 18 years:

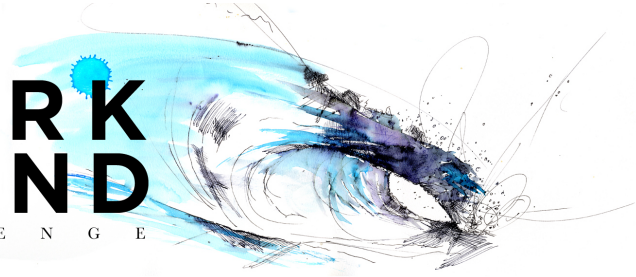
Sponsors:

Signature: _____

The competitor competing in the **Shark Island Challenge** obliges to the rules and regulations that the competitor allows the promoters of the **Shark Island Challenge** to use any form of publicity through all multimedia to promote the event. All competitors competing in the **Cronulla Shark Island Challenge** is competing at their own risk and the promoters are not held responsible for any accidents or injuries involved when competing in the **Shark Island Challenge**.

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MEDICAL FORM

ALL APPROPRIATE DETAILS MUST BE COMPLETED FOR SAFETY PURPOSES.

Competitor information

Name: _____ D.O.B: _____
Address: _____ Post Code: _____
Phone: _____ Doctor: _____ Doctor Ph: _____

Medical information

EPILEPSY	YES / NO
FAINTING or DIZZY SPELLS	YES / NO
HEART CONDITION DIABETES	YES / NO
EAR DISORDER	YES / NO
ASTHMA	YES / NO
ALLERGIES	YES / NO
INSECT BITES ETC	YES / NO
OTHER	YES / NO

I hereby give my permission for Officials of the Brett Young Memorial Trials and/or Cronulla Beach Life Savers to seek any medical service that I, or my son / daughter may require in case of accident.

Applicants Name: _____ :

Applicants Signature: _____ :
(Or Parent Guardian if U 18)