



**WATER SKI AND WAKEBOARD CANADA**  
**WATER SKI, WAKEBOARD AND BAREFOOT SCHOOL PROGRAM**  
**2011-2012 Activity Report**

Name of school:		
Contact Person:		Title:
Complete mailing address (number, street, city, province, postal code)		
Primary: ( )	Alternate: ( )	Fax: ( )
e-mail		Web:

Total number of actual pulls in 2011:

Total number of different participants:  (Please count each participant only once)

Of those different participants, how many were: Male  Female  Under 18  18 or Over

Of those different participants, how many were: Water skiers  Wakeboarders  Wakeskaters   
 Barefooters  Disabled skiers  Hydrofoilers  Marathon skiers  Kneeboarding   
 Wake Surfers  Other

Did your school experience any accidents or injuries in 2011?

If yes, briefly describe:

Comments on your school's season:

Suggestions on how to improve the Water Ski, Wakeboard and Barefoot School Program:

**In submitting this activity report, I, as an authorized representative of the school, hereby attest that to the best of my knowledge, the above information is true and accurate.**

Signature  Date

PLEASE MAIL COMPLETED THIS ACTIVITY REPORT, ALONG WITH DULY COMPLETED WAIVER FORMS  
 NO LATER **OCTOBER 31, 2011** TO:  
**Water Ski and Wakeboard Canada #210 – 223 Colonnade Road South, Ottawa, ON K2E 7K3**  
**tara@waterski-wakeboard.ca**