

ZYNDROME SURF COMPANY

PARTICIPANT FORM

Name: _____ Date: _____

Address: _____

Phone: _____

Electronic Mail (E-mail) _____

Signature: _____

Age Range	Sex	What sport you do more?	How you hear about the contest?
<input type="checkbox"/> under 15	<input type="checkbox"/> Male	<input type="checkbox"/> Surfing	<input type="checkbox"/> Surf Shop
<input type="checkbox"/> 15 to 17	<input type="checkbox"/> Female	<input type="checkbox"/> Bodyboarding	<input type="checkbox"/> Search Engine
<input type="checkbox"/> 18 to 21		<input type="checkbox"/> Snowboarding	<input type="checkbox"/> Surf Competition
<input type="checkbox"/> 22 to 30		<input type="checkbox"/> Skateboarding	<input type="checkbox"/> Friend
<input type="checkbox"/> 31 and up		<input type="checkbox"/> None	<input type="checkbox"/> Scout