



SUPPORT TEAM APPLICATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Date of Birth: ____ / ____ / ____ Age (min 14): _____ ☐ Male ☐ Female T-Shirt Size: _____

Class(es) Competing in: _____

Competition Level:

☐ Beginner ☐ Novice ☐ Expert ☐ Amateur ☐ Pro ☐ Pro-Am ☐ Vet ☐ Masters

If Other: _____

Years of Experience: Racing _____ Type of Racing Watercraft: _____

Competition License Number: _____

Have you ever been a RIVA Support Team member? ☐ Yes ☐ No

If yes, which year(s)? _____

Dealer/ Shop Associated with: _____

Sponsors: _____

Race Number: _____ Race Region: _____ Recent Titles(if applicable): _____

The information below will be used to fill out our rider Support Team page should you be selected.

1. When & why did you start competing?

2. Training Regimens:

3. Proudest Moment:

4. Season Competition Plans:

5. Mechanical Exp/ Personal Mechanic (if any)?

6. How did you hear about this program?

7. What watercraft websites do you frequent?

For any questions please contact supportteam@rivaracing.com