

Thrill Capital

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Competition



Thrill Capital

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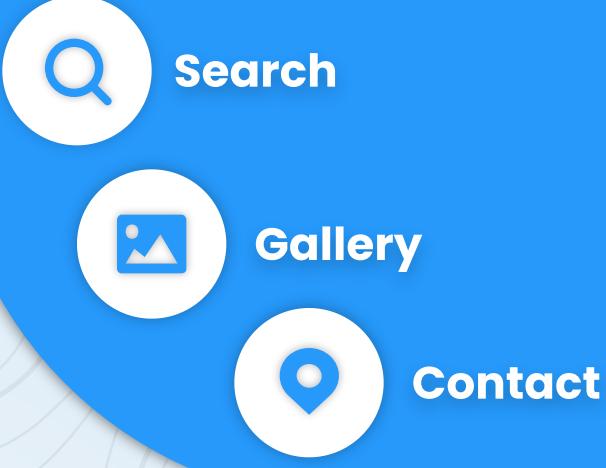


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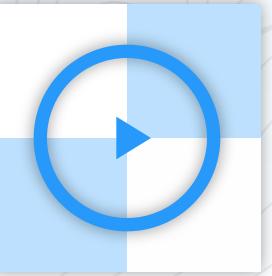
Competition



Thrill Capital

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Competition



Thrill Capital

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Competition





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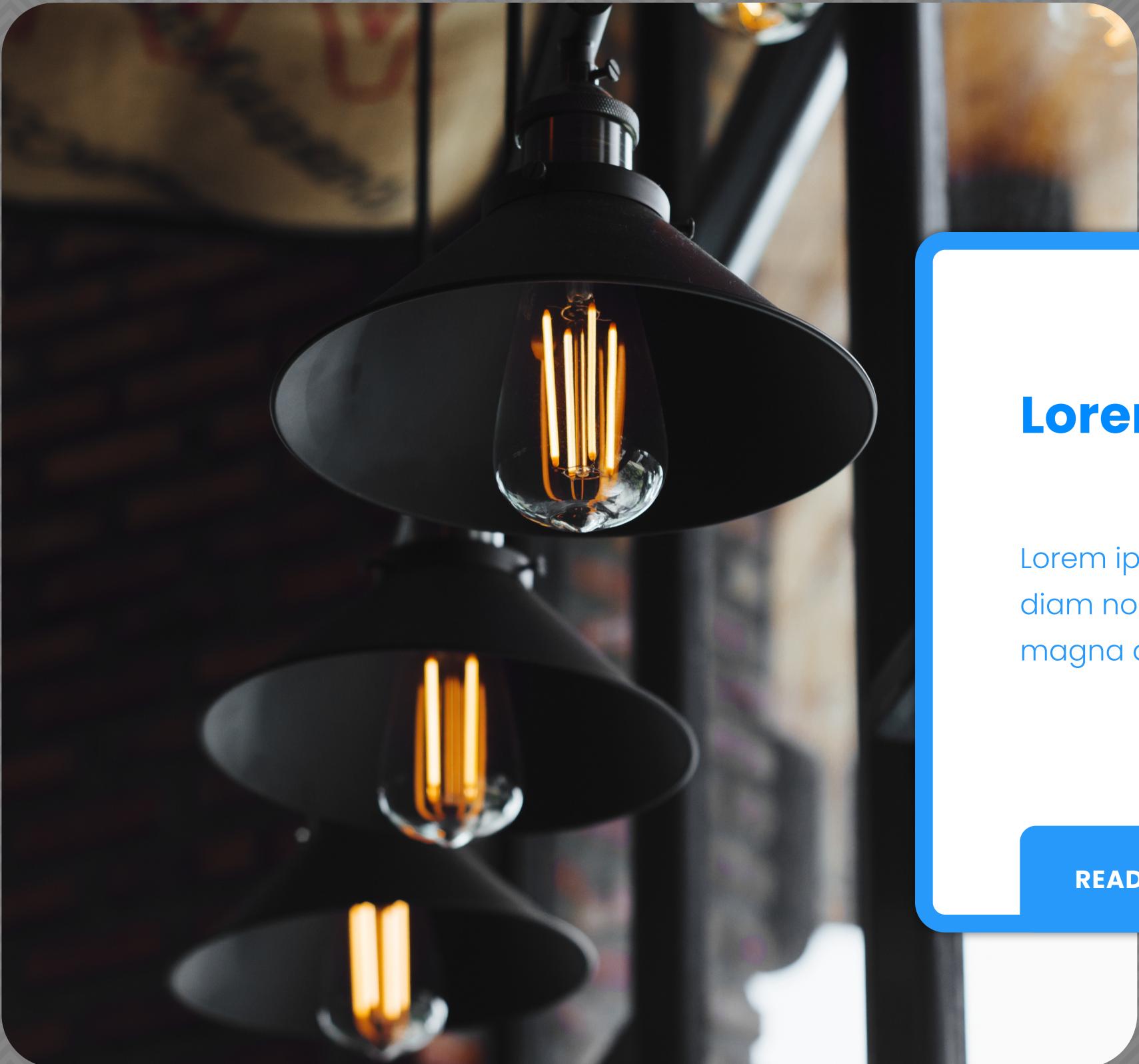




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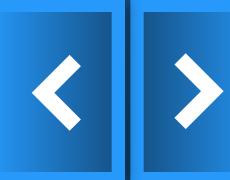
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[READ MORE](#)

Thrill Capital

LIGHT CONSULTING & SALES

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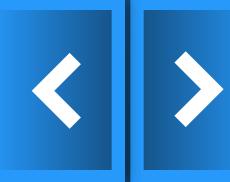
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Thrill Capital

LIGHT CONSULTING & SALES

3 / 3



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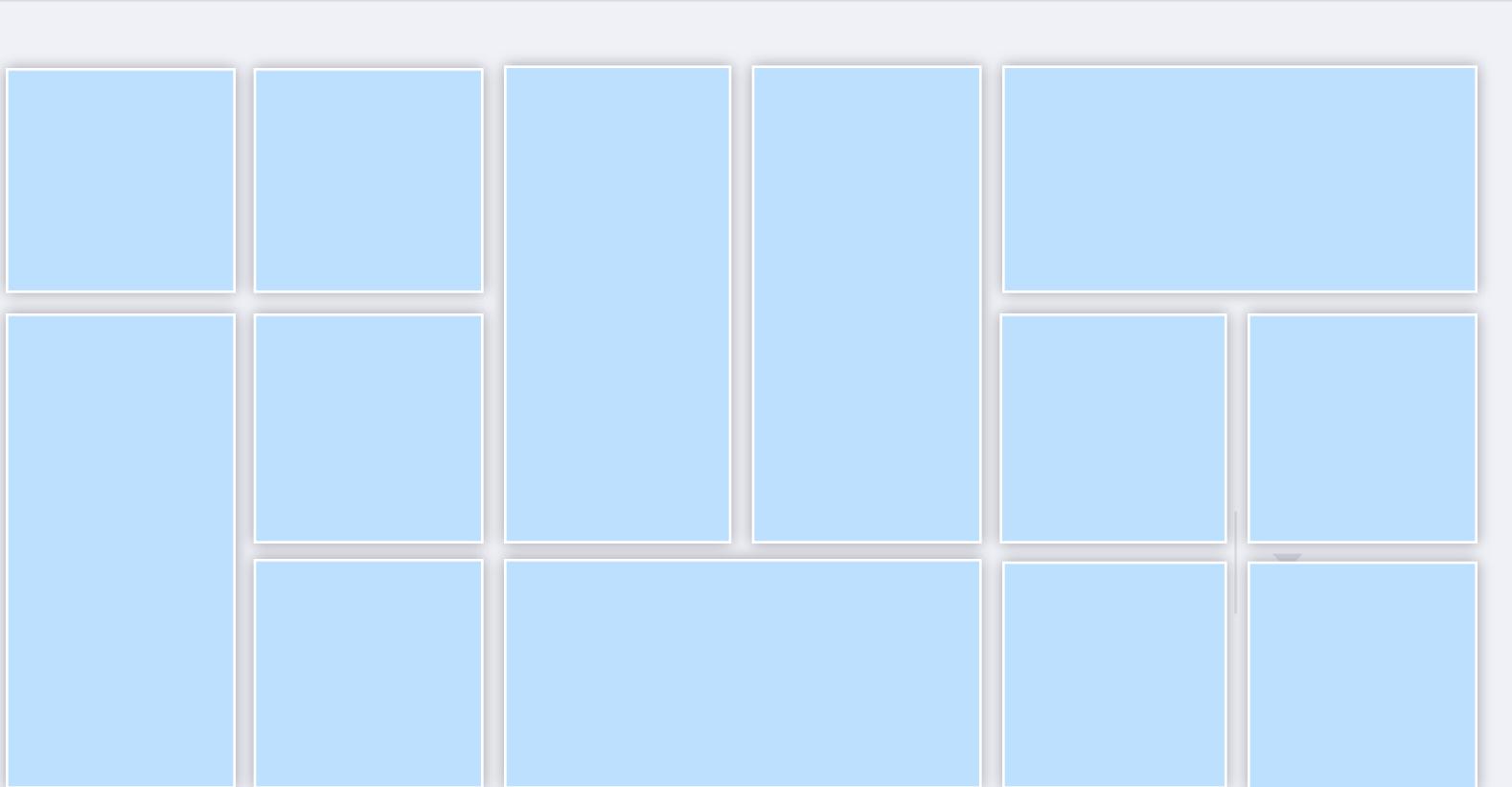
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Package Title 01



FACILITY TOUR FREE!

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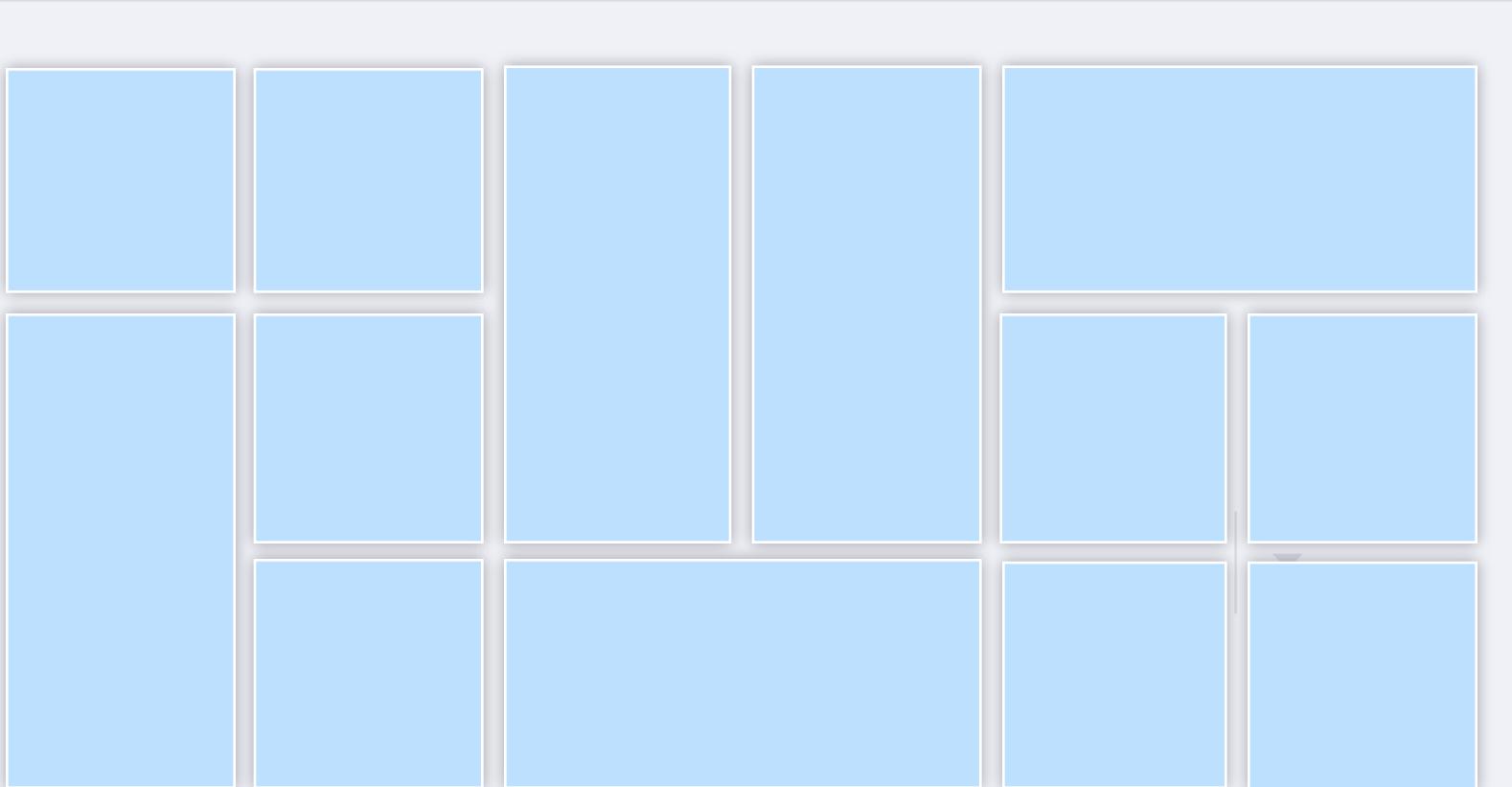
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Package Title 02



PERSONAL \$ 19.99 / month

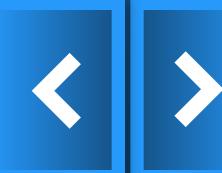
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Dolor sit amet

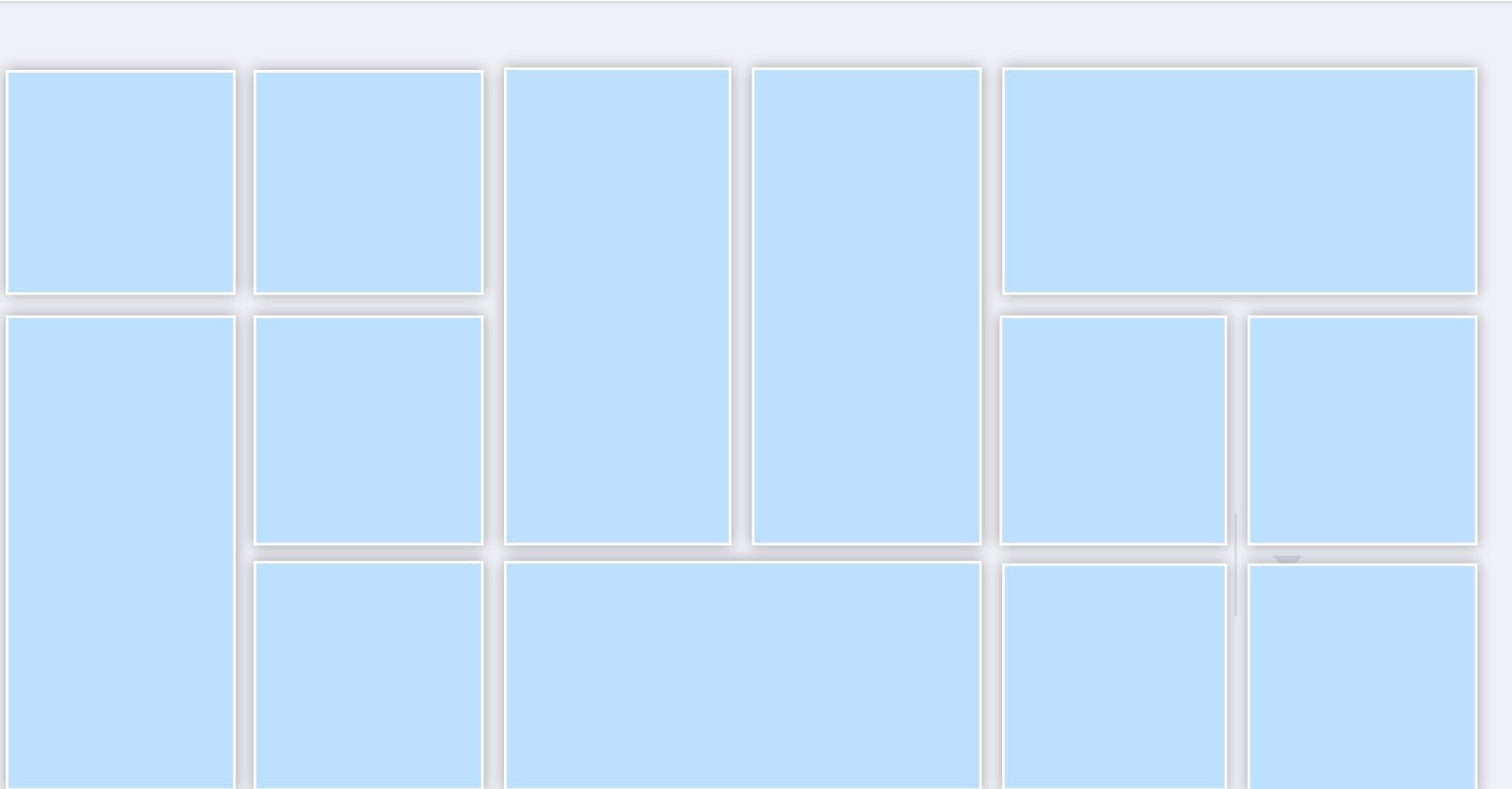
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Package Title 03



ADVANCED
\$ 21.99 / month

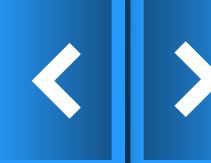
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Details Form

Enter your details below

Primary Information

First Name

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Last Name

Input text

Assistive text

Email Address

Input text

Assistive text

Physical Address

Input text

Assistive text

City

Input text

Assistive text

Post Code

Input text

Assistive text

Company

Input text

Assistive text

Phone Number

Input text

Assistive text

Other Team Members

Email Address

Input text

Assistive text



Team Size

Input No.

Assistive text

SUBMIT



Details Form

Enter your details below

Primary Information

First Name

Input text

Assistive text

Last Name

Input text

Assistive text

Email Address

Input text

Assistive text

Physical Address

Input text

Assistive text

City

Input text

Assistive text

Post Code

Input text

Assistive text

Company

Input text

Assistive text

Phone Number

Input text

Assistive text

Other Team Members

Email Address

Input text

Assistive text

Email Address

Input text

Assistive text



Team Size

Input No.

Assistive text

SUBMIT



Details Form

Enter your details below

Primary Information

First Name

Input text

Assistive text

Last Name

Input text

Assistive text

Email Address

Input text

Assistive text

Physical Address

Input text

Assistive text

City

Input text

Assistive text

Post Code

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Assistive text

Company

Input text

Assistive text

Phone Number

Input text

Assistive text

Other Team Members

Email Address

Input text

Assistive text

Email Address

Input text

Assistive text

Email Address

Input text

Assistive text



Team Size

Input No.

Assistive text

SUBMIT

Details Form

Enter your details below

Primary Information

First Name (
Assistive text

Last Name (
Assistive text

Email Address (
Assistive text

Physical Address (
Assistive text

City ( **Post Code** (
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Company ( **Phone Number** (
Assistive text Assistive text

Other Team Members

Email Address (
Assistive text

() (

Team Size (
Assistive text

SUBMIT

Payment

Choose payment method below



PayPal

amazon

Billing Info

First Name

John Doe

Last Name

John Doe

Email Address

John Doe

CITY

Hamilton

ZIP CODE

2432

COUNTRY

New Zealand

Credit Card Info

Team Members

John Doe



SUBMIT

Payment

Choose payment method below



PayPal

amazon

Billing Info

First Name

John Doe

Last Name

John Doe

Email Address

John Doe

CITY

Hamilton

ZIP CODE

2432

COUNTRY

New Zealand

Credit Card Info

Team Members

John Doe



John Doe



SUBMIT

Payment

Choose payment method below



PayPal

amazon

Billing Info

First Name

John Doe

Last Name

John Doe

Email Address

John Doe

CITY

Hamilton

ZIP CODE

2432

COUNTRY

New Zealand

Credit Card Info

Team Members

John Doe



John Doe



John Doe



SUBMIT

Payment

Choose payment method below



 **PayPal**

 **amazon**

Billing Info

FULL NAME

John Doe

PHYSICAL ADDRESS

497 Evergreen Rd.

EMAIL ADDRESS

timhow38@gmail.com

CITY

Hamilton

ZIP CODE

2432

COUNTRY

New Zealand

Credit Card Info

CARD NUMBER

1234 5678 3456 2456



CARDHOLDER NAME

John Doe

EXPIRE DATE

05 / 21

CVV

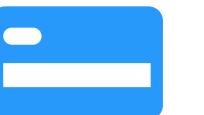
123

SUBMIT



Payment

Choose payment method below



 PayPal

 amazon

Billing Info

FULL NAME

John Doe

PHYSICAL ADDRESS

497 Evergreen Rd.

EMAIL ADDRESS

timhow38@gmail.com

CITY

Hamilton

ZIP CODE

2432

COUNTRY

New Zealand

Credit Card Info

CARD NUMBER

1234 5678 3456 2456



CARDHOLDER NAME

John Doe

EXPIRE DATE

05 / 21

CVV

123

SUBMIT

Payment

Choose payment method below



 PayPal

 amazon

Billing Info

FULL NAME

John Doe

PHYSICAL ADDRESS

497 Evergreen Rd.

EMAIL ADDRESS

timhow38@gmail.com

CITY

Hamilton

ZIP CODE

2432

COUNTRY

New Zealand

Credit Card Info

CARD NUMBER

1234 5678 3456 2456



CARDHOLDER NAME

John Doe

EXPIRE DATE

05 / 21

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123

SUBMIT

Thrill
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Receipt

Payment receipt printed below

Confirmation – Receipt

COUNTRY

New Zealand

SERVICE

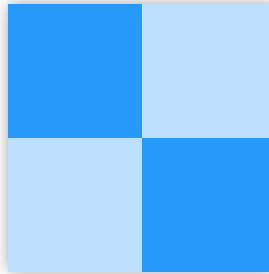
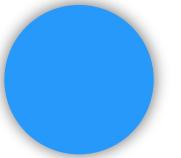
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TOUR/TRIP

Kora Trail

PAYMENT TYPE

Mastercard ending 2431



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Total \$19.99, NZ

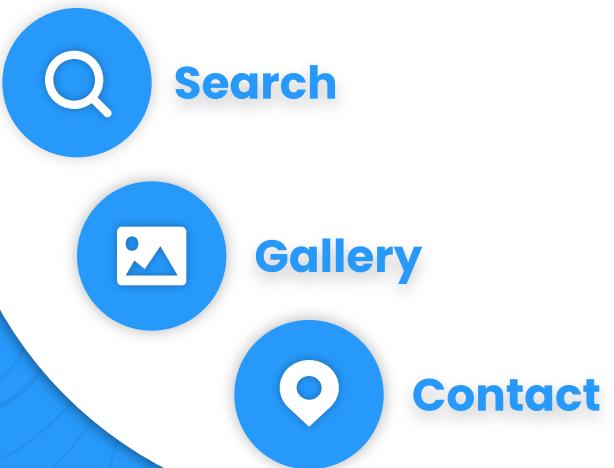
Bill has been sent to timhow38@gmail.com

PRINT

HOME

Receipt

Payment receipt printed below



Confirmation – Receipt

COUNTRY

New Zealand

SERVICE

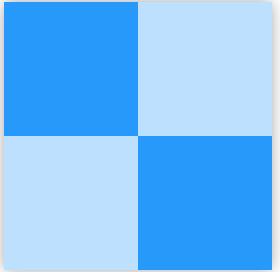
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TOUR/TRIP

Kora Trail

PAYMENT TYPE

Mastercard ending 2431



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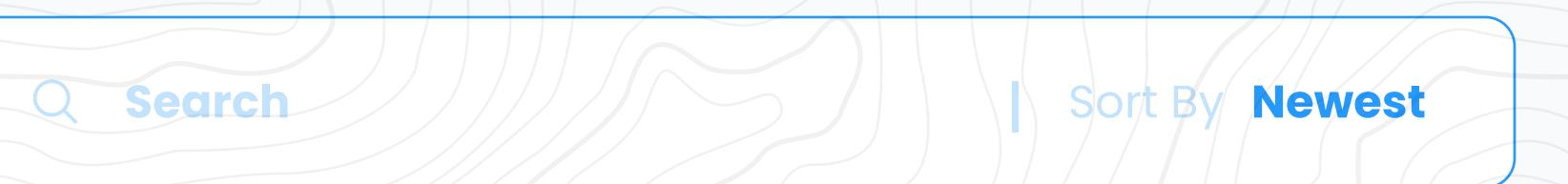
Total \$19.99, NZ

Bill has been sent to timhow38@gmail.com

PRINT

HOME

Thrill
Capital



Inbox

4 new



>Lorem Ipsum

⌚ Today | 08:45 PM

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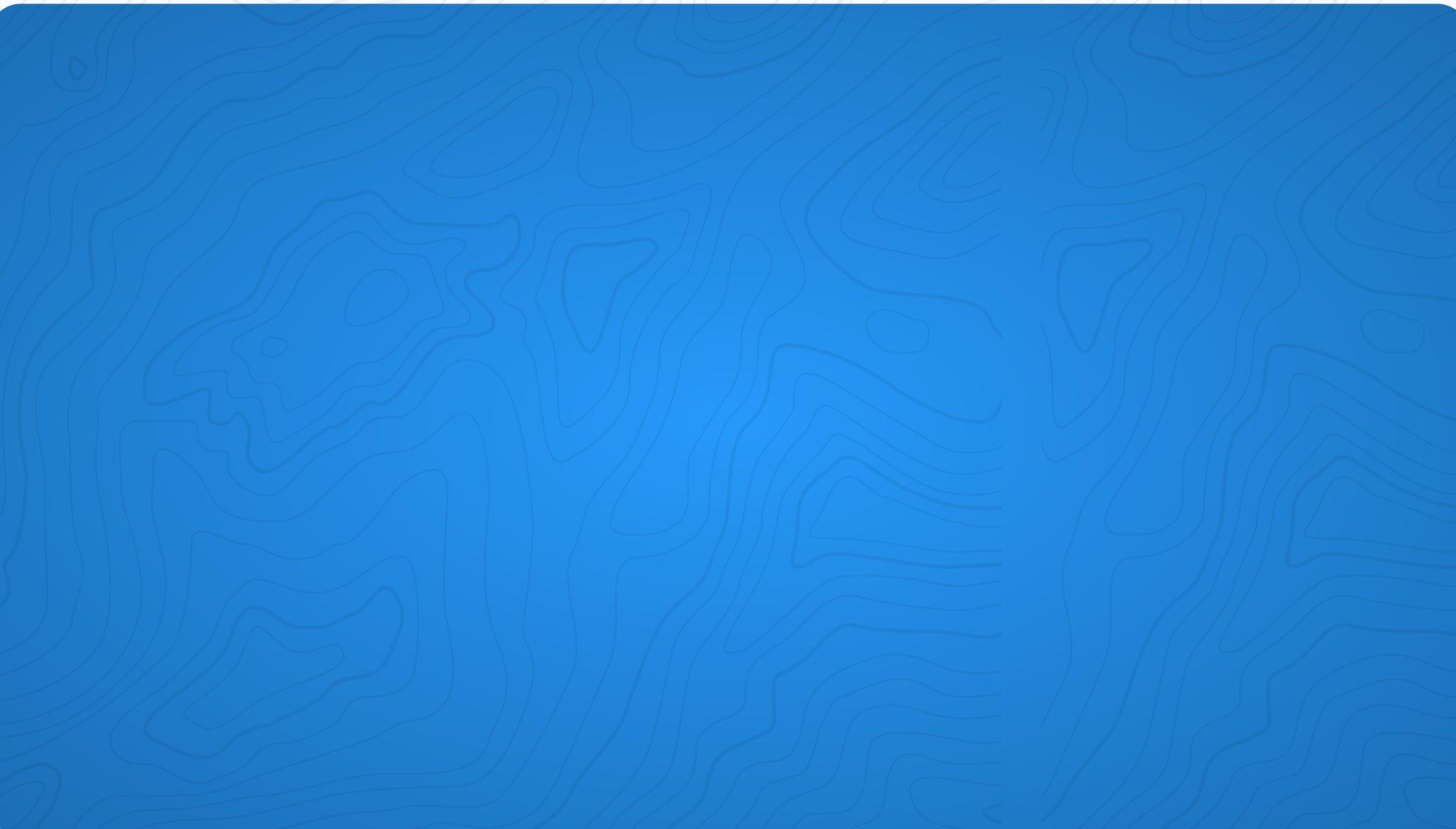
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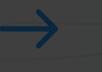
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Thrill Capital



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Thrill
Capital

Thrill Capital

Search

Sort By

Newest



Dave Miller

Role 01



Rachel Scott

Role 02



Lee Xang

Role 03



Tabetha Renolds

Role 04

Search

Sort By

Newest

Dave Miller

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Search

| Sort By **Newest**

Dave Miller

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Thrill Capital



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Search

Sort By | **Newest**

Dave Miller

Role 01

Rachel Scott

Role 02

Lee Xang

Role 03

Tabetha Renolds

Role 04

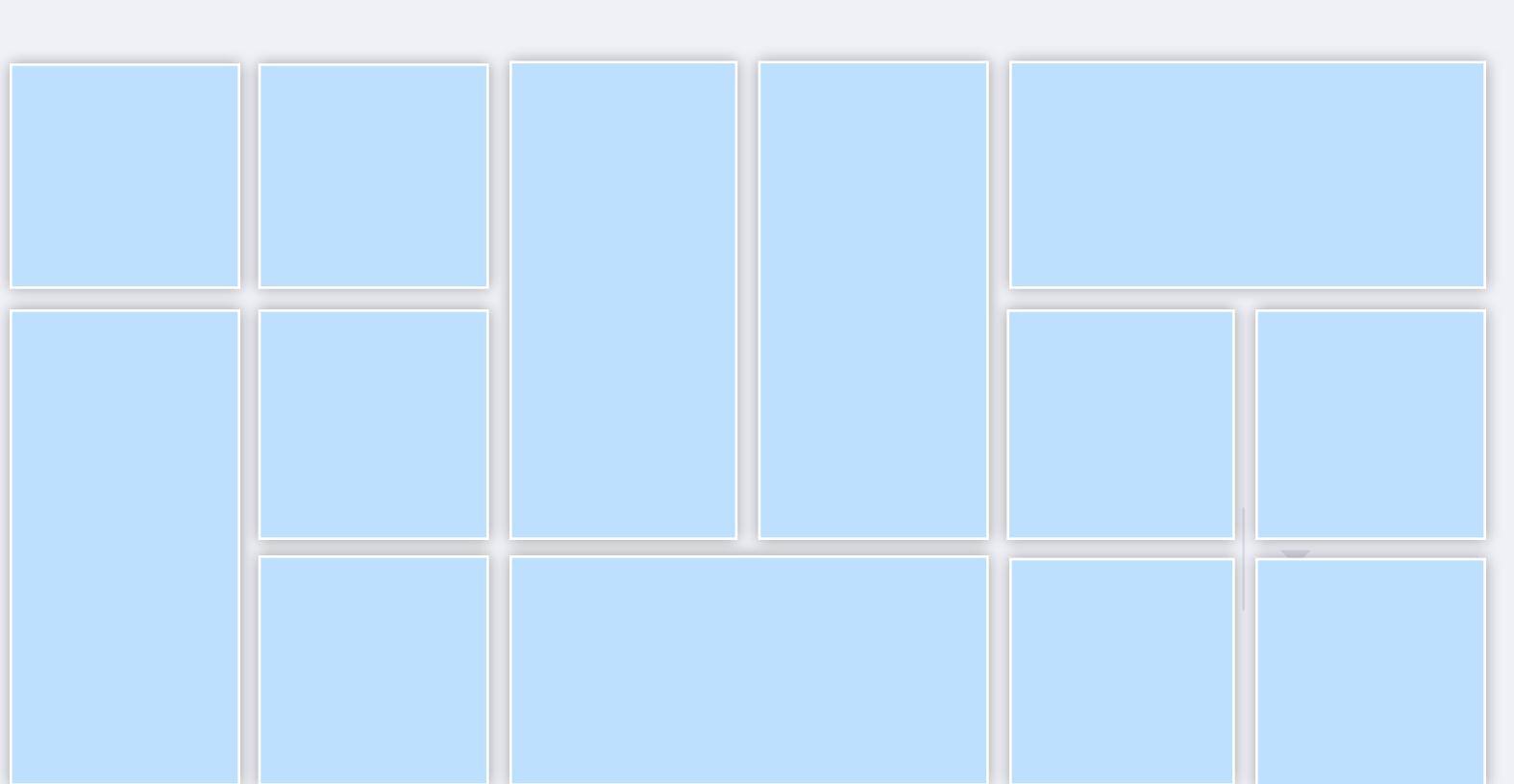


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Package Title 01



1 / 3

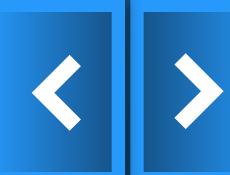


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LIGHT CONSULTI

LIGHT CONSULTING & SALES

1 / 3





Home

Excepteur sint occaecat cupidatat non proident,
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≡

← → Today

18 September 2025

Day Week Month Year



Day	New Year's Day
1:00	
2:00	12:00 Lorem ipsum dolor sit amet, consectetur adipiscing elit.
3:00	03:00 Consectetur adipiscing elit.
4:00	03:00 Lorem ipsum dolor sit amet.
5:00	
6:00	06:00 Lorem ipsum dolor sit amet, consectetur.
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8:00	08:00 Lorem ipsum dolor sit amet.
9:00	
10:00	

January

MO	TU	WE	TH	FR	SA	SU
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	1	2

Blank Title Text

Thursday, 9

5:00 AM – 6:00 AM

Joe Blogs

Calendars

Project

Web

Home

Work

Social

+ Create New





Today

18 September 2025

Day

Week

Month

Year



Day

New Year's Day

1:00

12:00 Lorem ipsum dolor sit amet, consectetur adipiscing elit.

2:00

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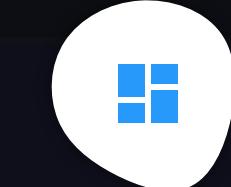
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January

MO	TU	WE	TH	FR	SA	SU
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	1	2



Logout

Link Title Text

Thursday, 9

5:00 AM – 6:00 AM

Joe Blogs

Calendars

Project

Web

Home

Work

Social

Create New



Thrill Capital

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CONTACT

EN



2 / 3



LIGHT CONSULTING & SALES



Drivers

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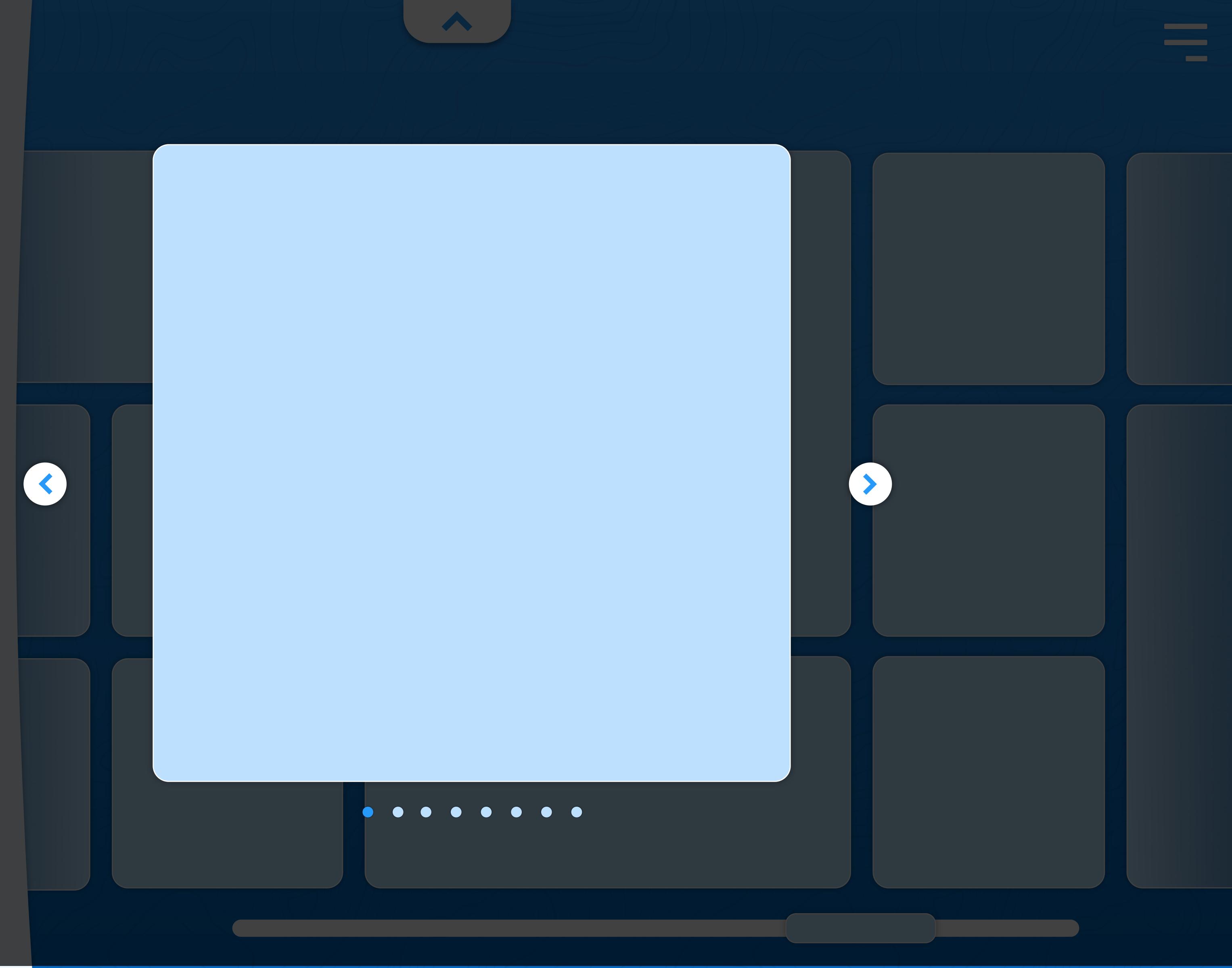
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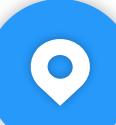
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Search



Gallery



Contact

Driver

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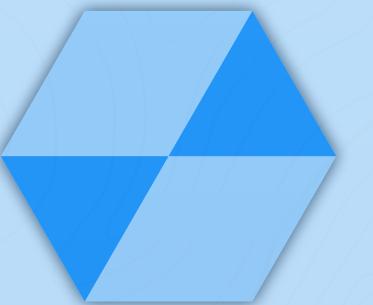
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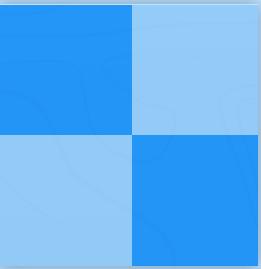


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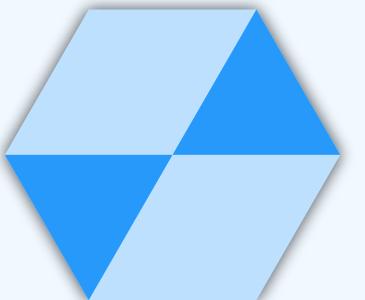


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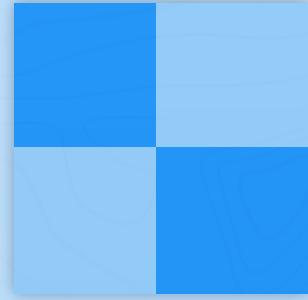
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Team

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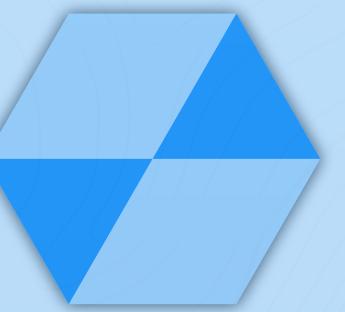


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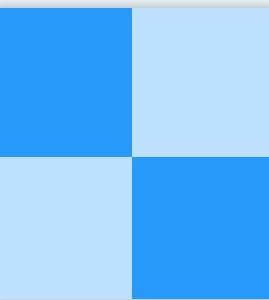
RECOMMENDED



Engineer
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Title Text

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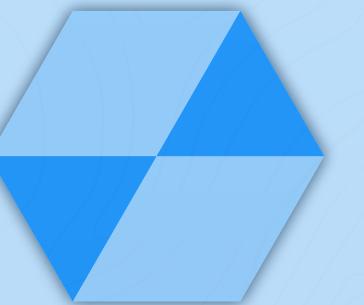
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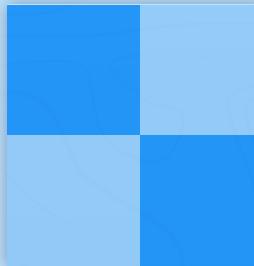
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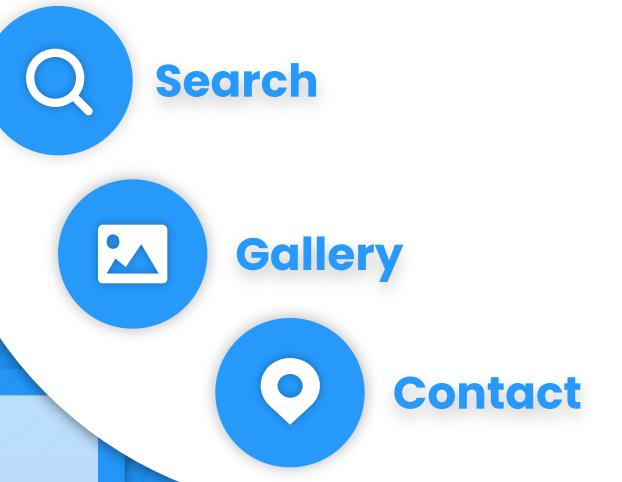
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GO!



Details Form

Enter your details below

Primary Information

First Name Input text Eye icon
Assistive text

Last Name Input text Eye icon
Assistive text

Email Address Input text Eye icon
Assistive text

Physical Address Input text Eye icon
Assistive text

City Input text Eye icon
Assistive text

Post Code Input text Eye icon
Assistive text

Company Input text Eye icon
Assistive text

Phone Number Input text Eye icon
Assistive text

Other Team Members

Email Address Input text
Assistive text

+ Eye icon - Eye icon

Team Size Input No. Checkmark icon
Assistive text

SUBMIT

Details Form

Enter your details below

Primary Information

First Name 👁
Input text 👁
Assistive text

Last Name 👁
Input text 👁
Assistive text

Email Address 👁
Input text 👁
Assistive text

Physical Address 👁
Input text 👁
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City 👁
Input text 👁
Assistive text

Post Code 👁
Input text 👁
Assistive text

Company 👁
Input text 👁
Assistive text

Phone Number 👁
Input text 👁
Assistive text

Other Team Members

Email Address
Input text
Assistive text

Email Address
Input text
Assistive text

Team Size ✓
Input No. ✓
Assistive text

SUBMIT

Details Form

Enter your details below

Primary Information

First Name

Input text

Assistive text

Last Name

Input text

Assistive text

Email Address

Input text

Assistive text

Physical Address

Input text

Assistive text

City

Input text

Assistive text

Post Code

Input text

Assistive text

Company

Input text

Assistive text

Phone Number

Input text

Assistive text

Other Team Members

Email Address

Input text

Assistive text

Email Address

Input text

Assistive text

Email Address

Input text

Assistive text



Team Size

Input No.

Assistive text

SUBMIT



Details Form

Enter your details below

Primary Information

First Name Assistive text

Last Name Assistive text

Email Address Assistive text

Physical Address Assistive text

City Assistive text

Post Code Assistive text

Company Assistive text

Phone Number Assistive text

Other Team Members

Email Address Assistive text

Team Size Assistive text

SUBMIT

Details

Choose payment method below

Drive

Dream

Team

Captain Info

First Name

John

Last Name

Doe

Email Address

JohnDoe@JohnDoe.com

CITY

Hamilton

ZIP CODE

2432

COUNTRY

New Zealand

Team Members

Team Members

John Doe

Position



SUBMIT

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Choose payment method below

Drive

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Team Member Info

Team Members

John Doe

Driver

John Doe

Position



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CITY

Hamilton

ZIP CODE

2432

COUNTRY

New Zealand

Team Member Info

Team Members

John Doe

Driver

John Doe

Engineer

John Doe

Position



SUBMIT



Payment

Choose payment method below



PayPal

amazon

Billing Info

FULL NAME

John Doe

PHYSICAL ADDRESS

497 Evergreen Rd.

EMAIL ADDRESS

timhow38@gmail.com

CITY

Hamilton

ZIP CODE

2432

COUNTRY

New Zealand

Credit Card Info

CARD NUMBER

1234 5678 3456 2456



CARDHOLDER NAME

John Doe

EXPIRE DATE

05 / 21

CVV

123

SUBMIT



Payment

Choose payment method below



PayPal

amazon

Billing Info

FULL NAME

John Doe

PHYSICAL ADDRESS

497 Evergreen Rd.

EMAIL ADDRESS

timhow38@gmail.com

CITY

Hamilton

ZIP CODE

2432

COUNTRY

New Zealand

Credit Card Info

CARD NUMBER

1234 5678 3456 2456



CARDHOLDER NAME

John Doe

EXPIRE DATE

05 / 21

CVV

123

SUBMIT

Details

Choose payment method below

Drive

Dream

Team

Captain Info

First Name

John

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Doe

Email Address

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CITY

Hamilton

ZIP CODE

2432

COUNTRY

New Zealand

Team Members

Team Members

John Doe

Position

Driver

Engineer

Both



SUBMIT

Details

Choose payment method below

Drive

Dream

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Last Name

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Email Address

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CITY

Hamilton

ZIP CODE

2432

COUNTRY

New Zealand

Team Member Info

Team Members

John Doe

Driver

John Doe

Position

Driver

Engineer

Both



SUBMIT

Details

Choose payment method below

Drive

Dream

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Captain Info

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Last Name

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Email Address

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ZIP CODE

2432

COUNTRY

New Zealand

Team Member Info

Team Members

John Doe

Driver

John Doe

Engineer

John Doe

Position

Driver

Engineer

Both



SUBMIT

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Team Members

Team Members

John Doe

Driver



SUBMIT

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COUNTRY

New Zealand

Team Member Info

Team Members

John Doe

Driver

John Doe

Engineer



SUBMIT

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Choose payment method below

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Hamilton

ZIP CODE

2432

COUNTRY

New Zealand

Team Member Info

Team Members

John Doe

Driver

John Doe

Engineer

John Doe

Both



SUBMIT



Payment

Choose payment method below

Confirmation – Receipt

COUNTRY

New Zealand

SERVICE

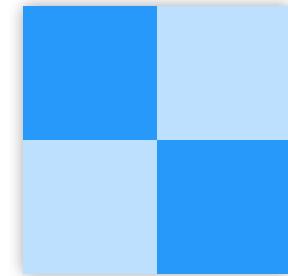
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TOUR/TRIP

Kora Trail

PAYMENT TYPE

Mastercard ending 2431



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Total \$19.99, NZ

Bill has been sent to timhow38@gmail.com

PRINT

Enter

Payment

Choose payment method below

Confirmation – Receipt

COUNTRY

New Zealand

SERVICE

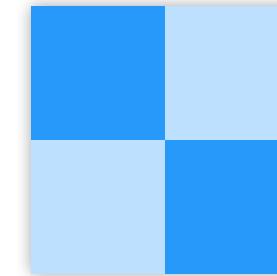
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TOUR/TRIP

Kora Trail

PAYMENT TYPE

Mastercard ending 2431



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Total \$19.99, NZ

Bill has been sent to timhow38@gmail.com

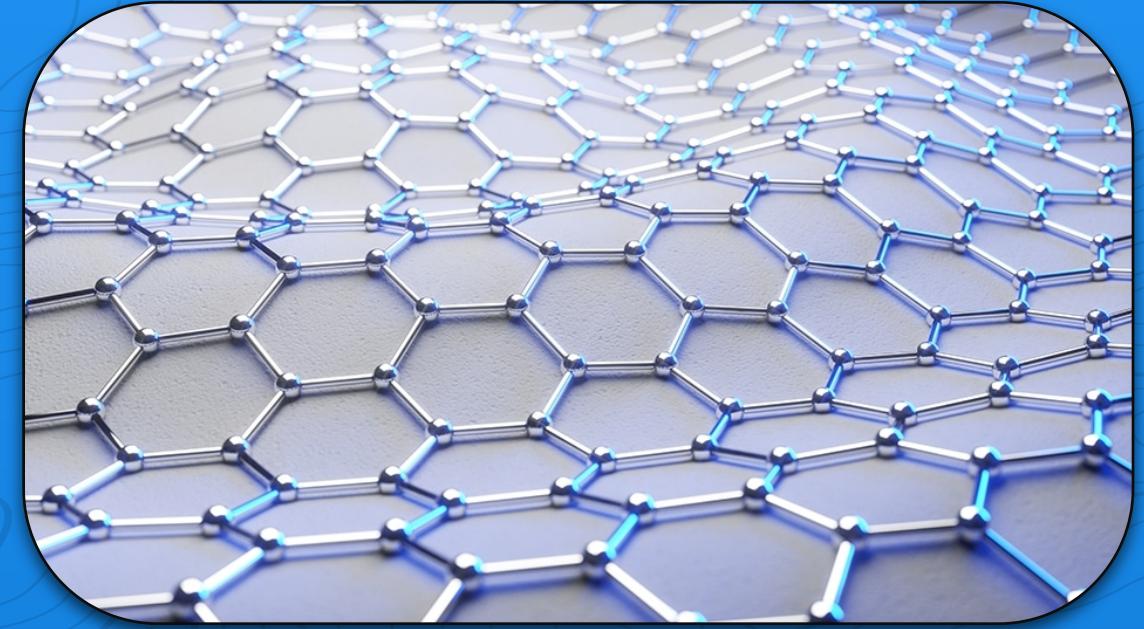
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Welcome to the Competition

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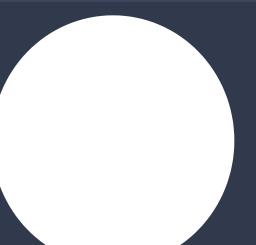
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Leaderboard

1#

Team Name: Members: Positions

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2#

Team Name: Members: Positions

Team Name: Members: Positions

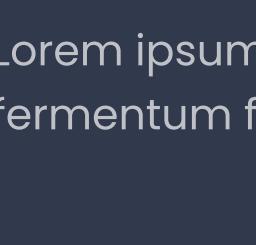


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3#

Team Name: Members: Positions

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4#

Team Name: Members: Positions

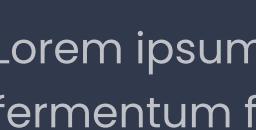
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Live Commentator

Live Forum

Details

Choose payment method below

Drive

Dream

Team

Captain Info

First Name

John

Last Name

Doe

Email Address

JohnDoe@JohnDoe.com

CITY

ZIP CODE

Hamilton

2432

COUNTRY

New Zealand

Team Member Info

Team Members

John Doe



John Doe



SUBMI

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Last Name

Doe

Email Address

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CITY

ZIP CODE

Hamilton

2432

COUNTRY

New Zealand

Team Member Info

Team Members

John Doe

Position

John Doe

Position

John Doe

Position



SUBMI



Thrill Capital



Logout

Tasks

Phase 1 Task

[Submit](#)

Redesign the wing

Details

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Due by xx:xx:xx

Phase 2 Task

[Submit](#)

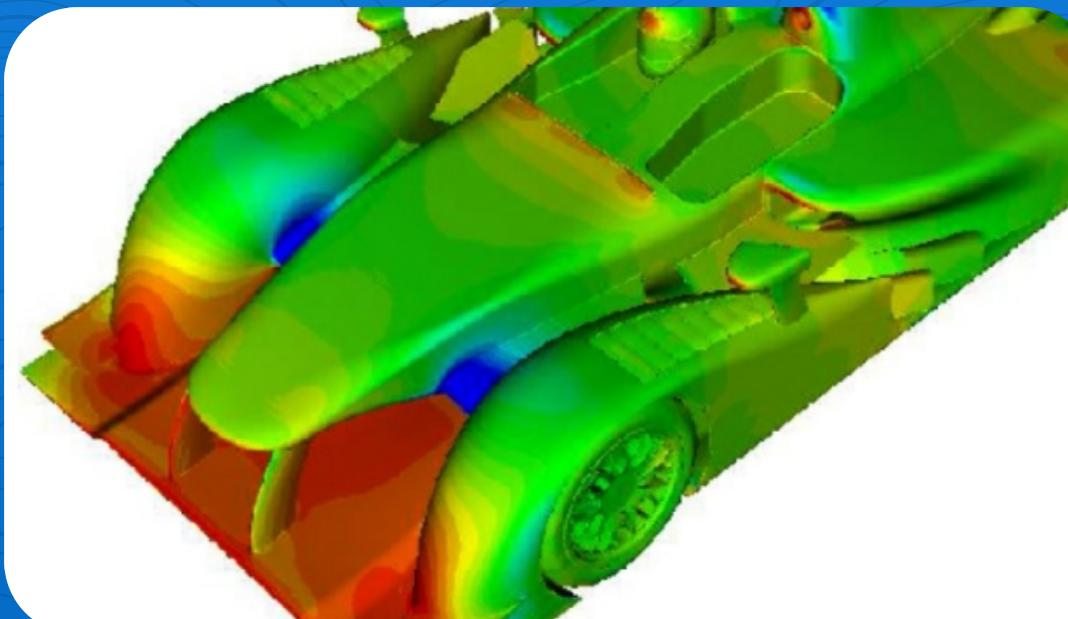
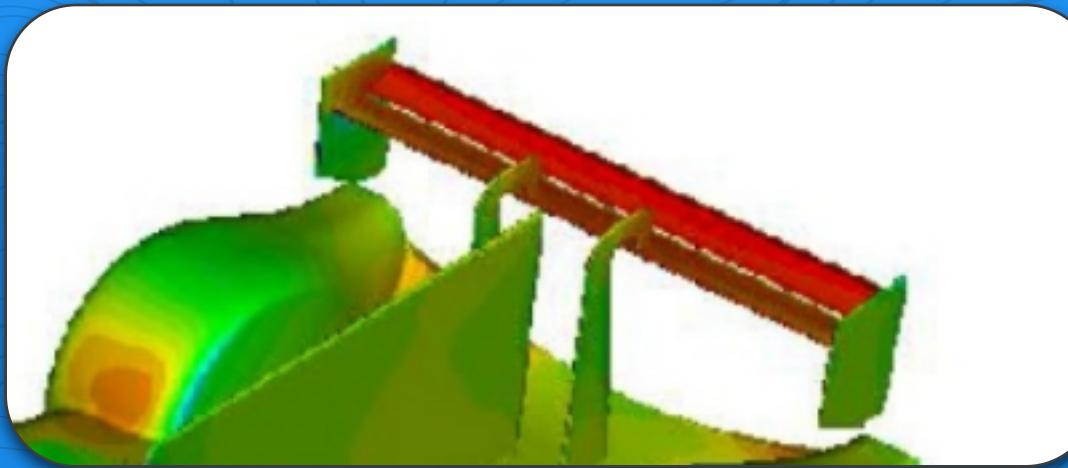
Redesign the Splitters

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Due by xx:xx:xx



Submit your designs

Submit

Thrill Capital

Search Sort By | Newest

 **Dave Miller** Role 01

 **Rachel Scott** Role 02

 **Lee Xang** Role 03

 **Tabetha Renolds** Role 04

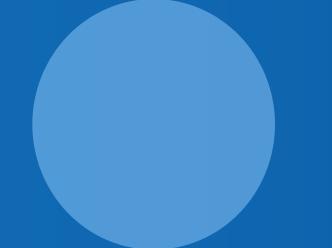
Search Sort By | Newest

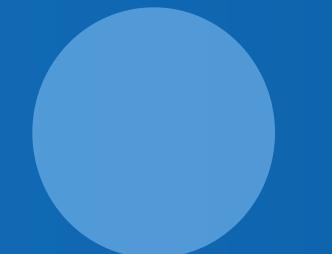
Dave Miller

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