**Ride With a Buddy**

**July 15, 2016 - Jefferson County Fair Park**

[**www.tomorrowshope.org**](http://www.tomorrowshope.org)

**Driver Registration Form**

***GOAL:*** To enable survivors of life-limiting illnesses and/or their family members to ride on the back of a motorcycle or in a classic or collectable car, so they may experience a single hour of smiles and forget the challenges they face daily.

***NOTE:*** A separate registration form is needed for EACH driver and survivor. Fill out the registration forms to participate.

**DRIVER INFORMATION:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PASSENGER INFORMATION:**

I would like to take a survivor or passenger: [ ]  Yes  [ ]  No

I have a buddy who is a friend/survivor to ride with me:  [ ]  Yes [ ]  No

 My buddy’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (They MUST fill out a Survivor/Passenger Registration Form & Liability Waiver)

**MOTORCYCLE OR CAR INFORMATION:**

Model & Make of [ ]  Motorcycle or [ ]  Car: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have a motorcycle, do you have: Helmet for your passenger? [ ]  Yes [ ]  No

Backrest? [ ]  Yes [ ]  No Trike? [ ]  Yes [ ]  No

Armrests? [ ]  Yes [ ]  No Sidecar? [ ]  Yes [ ]  No

How many passengers can you take in your car? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read the Liability Waiver [ ]  Yes**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE REMEMBER:**

1. The Ride is **FREE** but if you would like to make a donation, a suggested amount is $20. A tax deductible check can be made payable to Tomorrow’s Hope.
2. You must also submit a Passenger/Survivor Registration Form if you have your own passenger.
3. Liability Waiver (One for driver AND one for passenger). Must sign above indicating you have read the waiver.

**Tomorrow’s Hope Ride With a Buddy - 147 W Rockwell Street - Jefferson, WI 53549**