



Ride With a Buddy

July 20, 2019 - Rotary Park, Jefferson
www.tomorrowshope.org

Survivor/Passenger Registration Form

NOTE: A separate registration form is needed for EACH survivor/passenger. Fill out the registration form to participate.

SURVIVOR/PASSENGER INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

ADDITIONAL INFORMATION:

Do you have someone you will ride with? Yes No

My driver's name: _____
(They MUST fill out a Driver Registration Form)

Please match me with a driver: Yes No

I prefer to ride in/on a: Motorcycle** Sidecar Trike Collectable Car

If you wish to ride on a motorcycle, please enter the following questions so we can find the driver that best fits your needs:

Do you have physical limitations? Yes No

If yes, what are your limitations? _____

Do you require a backrest? Yes No

Will you bring a helmet? Yes No

Do you want a helmet? Yes No

I have read the Liability Waiver Yes

Signature: _____ Date: _____

PLEASE REMEMBER:

- Survivors and passengers ride **FREE!**
- Return your signed Registration Form. Must sign above indicating you have read the waiver.
- Call 920-674-8967 with questions!

Tomorrow's Hope Ride With a Buddy - PO Box 95 - Jefferson, WI 53549