

2nd Annual Jeramy Clark Memorial Bike Ride
Registration Form

Rider Information

Name _____

Address

Street _____

City _____ ST _____ Zip _____

Phone # (____) _____

Passenger Information

Name _____

How did you learn of this event? _____

Are you affiliated with any Motorcycle organization? _____

Which One(s)? _____

By clicking Submit below I agree to hold harmless the organizers, including but not limited to MDA, Jeramy Clark Foundation, Warm Springs Volunteer Fire Department, Extreme Rider, and any other organizing parties, of the Poker Run or the 100 Mile Ride that I will be participating in August 26 2006. I am aware that there is a possibility of injury to my self or a passenger or damage to my Motorcycle when I participate in an event.

Submit