



# 2017 Rev's Run Registration Form

This is registration ONLY.

Release and medical forms are filed separately.

HELMETS ARE REQUIRED FOR THE RUN.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

- \_\_\_\_\_ RIDE PARTICIPANT
- \_\_\_\_\_ OPERATOR \$50.00
- \_\_\_\_\_ PASSENGER \$35.00
- \_\_\_\_\_ DONATION \$ \_\_\_\_\_
- TOTAL ENCLOSED \$ \_\_\_\_\_

MAKE CHECK PAYABLE TO **AMERICAN LEGION RIDERS ASSOCIATION OF WI.**

SUBMIT TO:

ALRA OF WI  
C/O KEN RYNES  
1051 E HASeltine ST  
RICHLAND CENTER WI 53581