Trempealeau County ATV Association 2024 Rides Registration Form

~ Register for the June Ride the Day of the Event

~ Pre-Register for the August Ride by mailing this form for **EACH** Machine including Passenger(s), along with a non-refundable deposit of \$35 per machine and \$35 per passenger Make checks payable to Trempealeau County ATV Association

> Trempealeau County ATV Association Mail To:







If under 18 years of age parent or legal guardian signature required below:

Signature:

c/o Bridget Tamke W29238 Middle Rd Arcadia, WI 54612





Date: _____



Rider Information: Please complete one form per machine, include name & age of passenger(s) below.		
Name:	Age:	
Address:		
City:	State: Zip:	
Home Phone:	Cell Phone:	
Have you been on the TCAVT Trails: Yes / No	Email:	
List any Special Needs / Health Problems:		
Emergency Contact Name:	Relationship to You:	
Machine: () 2x4 Utility () Dirt Bike	<u>Passenger Name</u>	<u>Age</u>
() 4x4 Utility () Side by Side	1)	
() 2x4 Sport	2)	
() 4x4 Sport	3)	
JUNE RIDE ~ June 22 & 23 (Rain date July 13 & 14)		
No pre-registration will be required or accepted for this event		
I Please pay day of event, see flyer for details.		
FALL RIDE ~ August 24 & 25 (Rain date September 14 & 15)		
Pre-Registraton Must be post marked by <u>8/15/23</u>		
Please only pay the Non-Refundable pre-registration fee of \$35 per machine and \$35 per passenger		
l Balance of \$115 per Machine and \$65 per Passenger to be paid day of event		
August 24 and 25	\$150.00 + \$100.00 per passenger (12 & Under Free)	
Riders, whose names appear hereon, understand that riding AT personal safety and well being and also any damages done to o agree to hold harmless, the Trempealeau County ATV Club, its guides, volunteers and any others who help organize sponsor or registration form and also agree to adhere to the principles states	other property. Riders must carry their own medical/accide officers, and all sponsors, contributors, land management r carry out this event. I acknowledge that I have read and u	ent insurance, and agencies,
Signature:	Date:	