



REGISTRATION FORM

Please complete a **Registration Form** and a **Release** for each rider and mail or fax both pages with payment. **Please Print:**

*Name

*Address

*Day Time Phone # _____

Fax# _____

*Email Address

Drivers License # _____ Issuing State _____

Payment Information:

*Circle One: **American Express MasterCard Visa Check** (payable to Ground Zero Independence Ride)

Number of Riders x \$50.00 each

*Account # _____

*Expiration Date _____

*Name as it appears on card:

*Signature:

*Billing Address:

*City

_____ *State _____ *Zip _____

Submit Forms: Mail to: **Ground Zero Independence Ride, PO Box 155, Bloomsbury, NJ 08804, or Fax to:(908) 534-8871.**

For more information, go to www.groundzeroinride.com, or call (908) 534-5818.

*Indicates information that is required for registration.