



## 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.groundzeroride.com](http://www.groundzeroride.com), or call **(908) 534-5818**.

\*Indicates information that is required for registration.