



Registration Form

All cyclists are required to wear a helmet.

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Work or Cell Phone: (____) _____

Employer: _____

Occupation: _____

Gender: Male or Female

Date of Birth: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

***Please return this form to Joe Marini at
Chicken Joe's as soon as possible. We look forward to seeing you there and riding with us!***