

REGISTRATION

ALL RIDERS WILL BE REQUIRED TO SIGN LIABILITY WAIVER

(PRINT & SIGN, BRING WITH YOU DAY OF EVENT TO CHECK-IN.)

Driver Name:				
Address:	City:		State:	Zip:
Phone:		_ Email:		
Number of Poker Hands Requested:			(Hands are \$20 each)	
Rider #1 Name:				
Complete below if differen	nt than above:			
Address:	City:		State:	Zip:
Phone:		_ Email:		
Number of Poker Hands		(Hands are \$20 each)		
Rider #2 Name:				
Complete below if differen	nt than above:			
Address:	City:		State:	Zip:
Phone:		Email:		
Number of Poker Hands Requested:			(Hands are \$20 each)	
Rider #3 Name:				
Complete below if differen	nt than above:			
Address:	City:		State:	Zip:
Phone:		Email:		
Number of Poker Hands Requested:			(Hands are \$20 each)	