

YEAR _____



PARTICIPANT'S REGISTRATION APPLICATION

CLIENT NAME _____ DOB _____

DIAGNOSIS _____ GENDER M ___ F ___

ADDRESS _____

EMPLOYER/SCHOOL _____

NAME OF GUARDIAN _____

ADDRESS {if different from above} _____

HOME PHONE _____ CELL PHONE _____ EMAIL ADDRESS _____

OCCUPATION _____

PLACE OF EMPLOYMENT _____

NAME OF GUARDIAN _____

ADDRESS {if different from above} _____

HOME PHONE _____ CELL PHONE _____ EMAIL ADDRESS _____

OCCUPATION _____

PLACE OF EMPLOYMENT _____

HOW CAN YOU HELP

FUND RAISING

PHONE CALLS

WORK IN RING/BENCHES

SILENT AUCTION

STUFF ENVELOPES

PROVIDE VOLUNTEER SNACKS

PAINTING/STAINING

OTHER _____

WHAT ARE YOUR GOALS FOR THIS RIDER? _____

SIGNATURE _____ DATE _____