JOSEPH HOWE CENTURY TOUR

2010 Registration Form

Name of Participant: _____

Address: _____

City/town: _____

Phone number: _____ Are you carrying a cell phone on the ride? yes no
If so, what is the cell phone number? _____

Email address _____

Person to contact in the event of injury or problem:

Contact Name: _____Relationship: _____

Contact phone # _____ Is this person on the ride today? yes no

To be completed by registration volunteer:

Has participant paid $15 registration fee?	yes	no
Has participant signed the waiver ?	yes	no
Has participant been given a checkpoint card?	yes	no
Does the participant have water?	yes	no
Has the participant been given a map?	yes	no
Does the participant have any questions?	yes	no

Participant # _____ **time out: _____am**