



MAINE RETREADS 2024 WEEKEND GETAWAY

Rider Name (Print) _____ Membership # _____

Mobile # _____ Email _____

Address _____ State _____ Zip _____

Emergency Contact _____ Mobile # _____

Co-Rider Name (Print) _____ Membership # _____

Mobile # _____ Email _____

Address _____ State _____ Zip _____

Emergency Contact _____ Mobile # _____

Length of stay for Weekend Getaway (Please Check) _____ (Aug. 22) _____ (Aug. 23) _____ (Aug. 24)

\$20 Registration Fee per Person _____ (Number of Persons) _____ (Total Fee Included)

(Please note that the registration fee and the signed **RELEASE FORM** must be received by **July 15, 2024**)

Mail registration with check payable to:

Maine Retreads, c/o Ronald Winslow, 1 York Pond Road, York, ME 03909

RELEASE FORM (Must be signed by all registrants and returned by July 15, 2024)

I/We agree to hold harmless Retreads Motorcycle Club, Maine Retreads, the Town & Country Inn located 20 US-2 # 1033, Shelburne, NH 03581 and any property owners for any loss or injury to self or property by reason of participating in this event.

Rider Signature

Date

Co-Rider Signature

Date