

Ausable River Riders Club (A.R.R.C.) Registration Form

First Name: _____ (Print with block letters)

Last Name: _____ **Contact Phone #:** (____)-_____

Family Members Names who will be riding machine or machines:

Mailing Address: _____

E-Mail Address: _____

Emergency Contact Person: _____ **Phone #:** (____)-_____

Insurance Information: (Company Bike/ATV's insured with.)

Company: _____ **Phone #:** (____)-_____

Policy Number: _____

ATV/Motor Cycle Information, Fee's:

Machine	ATV or MC	Make/Model	License Plate #	Office Use Only	
				ARRC Permit #	Amount \$
1					
2					
3					
4					
5					
				If cannot attend work days, add \$50	
				Day/Weekend Pass Credit(s), Attach Permit(s)	

Permit(s) Total:	\$
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Work Day Cheque Numbers: _____

Permit Fee: \$150 before May 31st / \$175 on or after June 1st.

Additional Machines: \$50.00 per additional bike/ATV. Example: Spouse, children, grandparents or anyone living at the same address.

Work Day Dues: (Two \$30 post dated cheques, dated May 30th and June 30th) or \$50 if cannot attend either dates

Signature: _____ **Date:** _____

Vehicle Make: _____ **Colour:** _____ **License Plate #** _____

Check you have: ABCA/ARRC waiver signed_____, member(s) under 18 waiver signed by parent or guardian_____, Cheque payable to ARRC_____, Executive Initials_____