

**Mid Atlantic Police Motorcycle Riding Committee
Registration Form
September 12-15, 2018**

First Name: _____ Last Name: _____

Department: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Telephone #: _____

Email Address: _____

Distance Traveled to Event (in miles): _____

I AM COMPETING IN:		
Please check one for <u>each</u>		
	Yes	No
Team Slow Ride		
Expert Division		
Novice Division (New riders – others see rules)		
Over Fifty		
Did you compete last year?		

I WILL BE COMPETING ON:	
Please check one	
<input type="checkbox"/>	Harley Davidson FLH w/windshield
<input type="checkbox"/>	Harley Davidson FLH w/ faring
<input type="checkbox"/>	BMW
<input type="checkbox"/>	Other:

Registration Fee: \$100.00 - includes ticket to Friday night cornhole tournament at hotel (includes dinner and drinks) and Saturday night banquet ticket for Rider.

<input type="checkbox"/>	I will be attending the Banquet Saturday night and bringing _____ guests @ \$30 each*
<input type="checkbox"/>	I will NOT be attending the Banquet Saturday night
<input type="checkbox"/>	I will be attending the Friday night corn hole tournament with _____ guests @ no charge
<input type="checkbox"/>	I will NOT be attending Friday night

*Depending on response, guests to banquet may be limited to one.

T-shirt size: (please check one)

SMALL	MED	LARGE	XL	2XL	3XL	4XL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you would like to pay by check, print and mail your registration form and fee to: MAPMRC Inc. c/o: Pat Charron, Treasurer, 5017 Prince William Parkway, Woodbridge, VA 22192. Please make check payable to MAPMRC.