



September 17, 2016
Clark Stadium
Registration 4:00 pm
Ride 5:00 pm

MOTORCYCLE RIDE OF HOPE REGISTRATION FORM

Name _____

Address _____

C/S/Z _____

Phone _____

Email _____

Passenger Name _____

Phone _____

Email _____



Motorcycle Waiver and Release Form

By signing below I hereby acknowledge and accept the inherent risks involved in motorcycle riding activities and car and bike show activities and agree to indemnify and hold The Sarcoidosis Foundation of Texas, its employees, agents, volunteers and assigns harmless against any and all claims of injury, loss or other claim of whatever nature that may in any way arise out of my participation in the charity ride or its attendant activities held of event date herewith.

PARTICIPANT SIGNATURE

PASSENGER SIGNATURE

Registration /Pre registration Fee per Rider \$20.00

Make checks or money order payable to SFOT – Sarcoidosis Foundation of Texas

Mail to: S.F.O.T.
3515 Sycamore School Rd, Suite 125-327
Fort Worth TX 76134

For The Sarcoidosis Foundation of Texas & Pre registration contact David Washington @ 817.726.8426

For Riders information contact T. Williams @817-729-0346 or Draylon 817.323.4937