

First Name	Last Name							
Email								
Address								
City		Sta	ate			Zipcode		
Cell Phone			Home Phon	e				
Birth Date MM	DD	YYYY						
What Chapter is the Pa	rticipant from?							
Road Name			Veteran	Υ	N	Relation	ship	
PLEASE READ THIS CAREF other large vehicle, select 4				ect Moto	orcycle	Passenger. If	you drive a car,	truck or
Riders operating Polaris S lieu of handle bars select A				nicles wit	th side-	by-side seati	ng &/or steering	ງ wheel in
Motorcycle Rider	er Motorcycle Passenger		4-Wheel Driver	4-V	4-Wheel Passenger AutoCycle Passenge			
AutoCycle Driver								
Note: Passengers not requi	red to submit vehic	le informatio	on.					
Vehicle Make			Vehicle Model					
Driver's License			Driver's License Exp.					
Vehicle Liability Insurance Policy #			Insurance Exp.					
Vehicle Liability Insurar	nce Company							
Vehicle License Plate #			Vehicle Registration Expires					
Personal Equipment Di In the event of an accident, ple Police Impound	-	R should transp	oort your motorcycle	2.				

**Next Forward Dealership** 



Emergency	Contact	(Not	Attending)	
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**Emergency Relationship** 

**Emergency Phone #** 

**Alternate Emergency Phone #** 

**Communications Equipment** 

Do you own and use any of the equipment listed?

No Communications SENA BLUETOOTH CB RADIO

**Rider Leadership** 

Do you have any of the listed experiences roles?

No Experience Road Guard 1 - 3 Years Road Guard +3 Years Platoon Leader 1 - 3

Platoon Leader +3 Years Tail Gunner 1 - 3 Years Tail Gunner +3 Years

Chase Vehicle 1 + Years Medical - EMT 3+ Years

**Passenger** 

Will a passenger be riding with you during the California Legacy Ride?

YES NO

**Passenger Name** 

If a passenger is riding with you, please enter their name. The passenger MUST register as a passenger and provide their own information.

Passenger First Name Passenger Last Name