

Rolling Thunder, Inc. Indiana XXXIII Nationwide “Ride for Freedom” Registration Form

*(One person only per registration form,
Please clearly print all required information)*

Name:	Handle:	
Address:		
City:	State:	Zip:
Cell Phone:	email:	
Emergency Contact Name:	Phone:	
Special Needs (meds, conditions, etc.)		

		Yes	No
I am a first responder and available to help in case of an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No			Yes	No
I am a Veteran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a Rolling Thunder member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am the bike driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am driving a 4-wheeler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a passenger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am driving a trike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If you are preregistering, please complete the form and email to the address listed below or mail to the Chapter mailing address.

Email: mike.clark@indianarollingthunder.com

Chapter Mailing Address

Rolling Thunder Indiana Chapter 1
P.O Box 26458
Indianapolis, IN 46226

Signature of registrant: _____ Date: _____