

IFMR Atlantic Canada Tour – 2010

REGISTRATION FORM

Name:

Pillion:

Address:

City/State:

Zip:

Country:

Phone (Include Area Code):

Country Code:

Cell (Include Area Code):

Email Address:

Rotary Club:

District:

Motorcycle: WILL RENT

RIDE MY OWN

Type/Model:

FULL TOUR

OPTION 1

OPTION 2

OPTION 3

CUSTOM*

*Custom Description:

of Persons:

of Rooms Needed:

Help Find Roommate? YES

NO

SMOKING

NON-SMOKING

Type of Bed/Room: SINGLE

DOUBLE

QUEEN

KING

Event Polo Shirt (US\$36/C\$40 -- Plus Shipping): QUANTITY

SIZE(S)

Dietary or Medical Requirements:

Credit Card Type:

Card Number:

Name on Card:

Expiration Date – Month:

Year:

Security Code (3 digits):

Additional Information: