

REGISTRATION FORM: for the Combined Fund Drive

Please complete the section below for participation in this event. By signing, you agree to hold harmless B.A.S.H., the organizers and sponsors of the event from liability of injury or property damage resulting from participation of this event.

RIDER _____

ADDRESS _____

CITY/ST/ZIP _____

PHONE _____

CLUB/CHAPTER AFFILIATION(S) _____

SIGNATURE _____ DATE _____

CO-RIDER _____

ADDRESS _____

CITY/ST/ZIP _____

PHONE _____

CLUB/CHAPTER AFFILIATION(S) _____

SIGNATURE _____ DATE _____

*Make checks payable to C.F.D. or Combined Fund Drive
(cash is acceptable also)*

Mail to: McNeil Island Correction Center
Attention: Lance Byrne (CFD)
P.O Box 88900 MS: WT-01
Steilacoom, WA 98388-0900r