



Please send completed form to:
Mendi Cronister
Ride to Save Babies Trail Ride
26100 CR 60
Orlando, OK 73073

RIDE TO SAVE BABIES TRAIL RIDE REGISTRATION: (One per rider please)

DATE: ____/____/____

RIDER: _____

GROUP NAME: _____
(If not individual)

YOUTH – UNDER 15 T-Shirt Size _____
ADULT

ADDRESS: _____

STATE / ZIP: _____

PHONE: _____

E-MAIL: _____

For Office Use Only	
Day of ride: _____	Before ride: _____
Release / Coggins received: _____	Date Registration was Received: _____
Registered/Paid: _____ Initial by: _____	Date Paperwork Sent/Faxed: _____
Notes: _____	
T-shirt size: _____	

****Please make checks out to: March of Dimes – Ride to Save Babies Trail Ride**