



# 2018 RIDE THE TIDE TEAM AND INDIVIDUAL REGISTRATION FORM

**PARTICIPANT NAME** (Optional) \_\_\_\_\_

**PARTICIPANT #1 or TEAM CAPTAIN NAME**

(Team Captain will be responsible for all correspondence for team)

\_\_\_\_\_ **DOB** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**PARTICIPANT #2 NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

**PARTICIPANT #3 NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

**PARTICIPANT #4 NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

**EMERGENCY CONTACT(S)** \_\_\_\_\_

**PLEASE CIRCLE THE APPROPRIATE SHIRT SIZE FOR EACH TEAM MEMBER:**

**PARTICIPANT #1**

S M L XL

**PARTICIPANT #2**

S M L XL

**PARTICIPANT #3**

S M L XL

**PARTICIPANT #4**

S M L XL

**IF PAYMENT WILL BE MADE VIA CHECK, PLEASE MAKE CHECKS PAYABLE TO:**

GIFT - RIDE THE TIDE, 10517 OCEAN HWY. #4-357, PAWLEYS ISLAND, SC 29585

AMOUNT ENCLOSED: \$ \_\_\_\_\_

**IF PAYMENT WILL BE MADE VIA CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:**

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CARD HOLDER (Print name): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SIGNATURE OF TEAM CAPTAIN/TEAMMATE #1: \_\_\_\_\_ Date: \_\_\_\_\_



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