



2017 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: _____

