	Hill and Gully Ri Summer Bumme	Registration Form: Event Dates: Circle One <u>(If riding 2 days Circle both days)</u>						
	Separate Points Payir							
Saturday Aug. 9 th			S	aturday: Aug. 9	th Sur	nday: Aug.10 th		
	Sunday Aug.1	0 th						
Name:		Age:	D.O.E	B	AMA #		Expires:	
Address:				City:	Sta	ite:	Zip:	
Phone:	Cell:		Ema	il:				
Bike #:	Brand:	_ Disp:						
	Minute Request Aug: 9 th				Request Aug: 1			
<u>Note:</u>	1 st 2 nd 3 rd		oristorito		2 nd 3 rd		valono	

Riders wishing to ride on the same minute must register together; send all information in one envelope. Registration fee: (Saturday Race = \$25, Sunday Race = \$50, Sat. & Sun. Races \$60, Trail Ride Class \$25) Send Back no later than Aug.1- 2014.

Circle Your District:			
Saturday Aug. 9^{th} AMA Sanctioned with Districts 16, 17			
Sunday Aug. 10^{th} AMA Sanctioned with Districts 14, 16, 17			
Circle Your Class: Trail Rider Class			

Trail Rider Class					
AA	Vet A	200 B	Senior B		
200 A	Senior A	250 B	Super Senior B		
250 A	Super Senior A	Open B	Woman		
Open A	Masters	Vet B	C Class (For Beginners)		

THIS IS A RELEASE AND INDEMNITY AGREEMENT - READ IT BEFORE SIGNING

I hereby give up all my rights to sue or make any claim for damages due to negligence or any other reason whatsoever against the American Motorcyclist Association and its district organization, Hill & Gully Riders, Land owners or any other promoters, sponsors, and all other persons, participants or organizations conducting or connected with this event for injury to property or person I may suffer including crippling injury or death, while participating in the event and while upon event premises. I know the risks of danger to myself and my property while preparing for and participating in the event and while upon the event premises and, relying upon my own judgment and ability, assume all risks of loss and herby agree to agree to reimburse all cost to those persons or organizations connected to this event for damages incurred as a result of my negligence.

THIS IS A RELEASE-	For Office Use Only
Signature of Participant: Date:	Entry Fee:
THIS IS A RELEASE-	AMA:
Signature of Parent:Date	e: District:
	Total:

Mail Pre-Entry Forms to: Hill and Gully Riders // 15444 Badger Lane, Homer, Glen, IL 60491 <u>Contact Person: Vern Scholl 708-261-3433</u>