



ILLINOIS DISTRICT SUMMER RALLY



August 1st - 3rd

**The Holiday
Olney, IL**

RIDER NAME: _____ GWRRR# _____ EXP Date _____

CO-RIDER NAME: _____ GWRRR# _____ EXP Date _____

ADDRESS: _____

City _____ State _____ Zip _____

Cell Phone: _____ Email _____

District _____ Chapter _____ Position Held _____

Registration for Life Members Number of Registrants _____ x \$20.00 = _____

Registration for GWRRR Members Number of Registrants _____ x \$25.00 = _____

Registration for Non-GWRRR Members Number of Registrants _____ x \$30.00 = _____

Day passes available at the **registration desk** - \$15.00 _____

Children under 16 admitted free with a registered participant # _____ **No Charge**

Friday Moonshine Ride Yes NO _____

Saturday Dinner Buffet How Many _____ x \$15.00 = _____

Fried Chicken, Roast Beef, Mashed Potatoes, Gravy, Corn, Green Beans, Lettuce Salad, Pasta Salad, Rolls & Dessert

Total Attending Rally **TOTAL Cost to PAY**

Make checks payable to: Illinois District

Mail Registration to: Mary Adams

1600 Riverdale Rd. Lot 107, Rock Falls, IL 61071

Questions Contact: Mary Adams

Phone: 815-535-8349 **Email:** hondagirl711@yahoo.com

Hotel Contact Information:

The Holiday

1300 S. West St., Olney, IL 62450

Phone: 618-395-2121

Mention: GWRRR Rate \$63.95

We agree to conform and comply with the rules governing this event and further agree to hold harmless GWRRR, co-sponsoring organizations, or any property owners for any loss or injury to self or property in which I/we may become involved by reason of participation in this event. I/we agree to assume all responsibilities for any property I/we damage. I/we have read and agree with all stipulations on this entry form.

FORM MUST BE SIGNED BELOW BY ALL REGISTRANTS

Rider's Signature _____ **Date** _____

Co-Rider's Signature _____ **Date** _____