

The Ali Kemp Educational Foundation T.A.K.E. A Ride Registration Form

PARTICIPANT INFORMATION — PLEASE PRINT

DONATION INFORMATION

DRIVER INFORMATION:

FIRST NAME: _____ LAST NAME: _____
 HOME ADDRESS: _____ APT: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 PRIMARY PHONE: _____ CELL PHONE: _____
 EMAIL: _____ AGE: ____ MALE: ____ FEMALE: ____
 DRIVER SHIRT SIZE: ADULT SMALL___ ADULT MEDIUM___ ADULT LARGE___ ADULT XLARGE___ ADULT XXLARGE___

PASSENGER INFORMATION:


FIRST NAME: _____ LAST NAME: _____
 MINOR: YES___ NO ___ AGE: ____
 PASSENGER SHIRT SIZE: ADULT SMALL___ ADULT MEDIUM___ ADULT LARGE___ ADULT XLARGE___ ADULT XXLARGE___
 CHILD SMALL 6-8 _____ CHILD MEDIUM 8-10___ CHILD LARGE 12-14___ CHILD XL 16-18 _____


*IF YOU ARE A PASSENGER, PLEASE PRINT YOUR **DRIVER'S** NAME (TO HELP US CROSS REFERENCE) _____


BUY A CHANCE TO WIN...RIDE PARTICIPATION NOT REQUIRED: (must be 18 years of age and older)

FIRST NAME: _____ LAST NAME: _____
 HOME ADDRESS: _____ APT: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 PRIMARY PHONE: _____ CELL PHONE: _____
 EMAIL: _____ AGE: ____

Registration Options - Choose from the Following:
 Make Checks Payable to: T.A.K.E.

 Mail Form to :
 Johnson County Park and Recreation
 6501 Antioch
 Shawnee Mission, KS 66202
 Attn: T.A.K.E.
 913-236-1268

 Fax: 913-831-3311

 Bring Day of the Event or to the
 Pre-Registration Locations

Pre Registration Information:

Gail's Harley Davidson
 5900 E. 150 Highway
 Grandview, MO 64030
 816-966-2222
Saturday, June 5, 2010 10:00 am to 2:00 pm
Saturday, June 12, 2010 10:00 am to 2:00 pm
Saturday, June 19, 2010 10:00 am to 2:00 pm

FUEL-American Made Bar and Grill
 7300 W. 119 Str.
 Overland Park, KS 66213
 9130451-0444
Thursday, June 10, 2010 6:30 pm to 8:30 pm
Thursday, June 17, 2010 6:30 pm to 8:30 pm
Thursday, June 24, 2010 6:30 pm to 8:30 pm

A. DRIVER'S DONATION

\$25.00 pre-registered \$ _____
 \$30 day of event - (children under 12 are free)

B. PASSENGER'S DONATION

\$25.00 pre-registered \$ _____
 \$30 day of event

C. BUY A CHANCE

Number of Tickets _____
 X's \$10.00 each \$ _____
 3 Tickets @ \$25.00 \$ _____

TOTAL DONATION AMOUNT \$ _____

METHOD OF PAYMENT

CASH ___ CHECK ___ CHECK # _____
 CREDIT CARD _____
 CARD TYPE ___MC ___VS ___DS
 CARD NUMBER _____

NAME ON CARD: _____

CARD EXPIRATION DATE:

____ / ____

CID# ____

BILLING ADDRESS SAME AS REGISTRATION

ADDRESS: ___YES ___NO

IF NO, PLEASE WRITE BILLING ADDRESS BELOW:

