

**Colorado Springs Christian 4 Wheelers, Inc.
(CSC4W)**

**2017 Registration Form
(25th Anniversary)**



LAST NAME: _____

FIRST NAME: _____

SPOUSE NAME: _____

**ADDRESS
STREET:** _____

CITY: _____

STATE: _____ **ZIP CODE:** _____

Primary Contact Number: _____ **home / cell / other**

Alternate Contact Number: _____ **home / cell / other**

EMAIL ADDRESS: _____
(Please print legibly)

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

IMPORTANT RELEASE of INFO: Is it okay to release the following to other club members?

Phone Number: ___ **Yes** ___ **No**

Email Address: ___ **Yes** ___ **No**

ABILITY LEVEL: ___ **BEGINNER** ___ **INTERMEDIATE** ___ **ADVANCED**

VEHICLE MAKE: _____

MODEL: _____ **YEAR:** _____

NOTE: We request all members have the following standard equipment: tow strap, fire extinguisher, first-aid kit, & FRS radio.