

RIDER PROFILE & REGISTRATION FORM

Please answer the following questions and submit with payment.
Questions: 719-510-2919 or info@rockymtnrides.com

Name: _____ Date: _____

Mailing Address: _____

Phone Number: _____ email address: _____

Occupation: _____ Age: _____ Height: _____ Weight: _____

Riding Gear Sizes: Helmet: _____ Boots: _____ Waist: _____ Jersey: _____ Gloves: _____

Rides interested in: Northern _____ Central _____ Southern _____
Specific dates? _____

Current Riding Level: Beginner _____ Novice _____ Experienced _____ Adv/Expert _____

Your Physical Condition: Fit _____ Semi-Fit _____ Not Fit _____

Bike Option for this Ride: Owner supply _____ Rocky Mountain Rides supply _____
Owner supply; specify make, model, year, condition, etc: _____

Riding solo? _____ Riding with friend and/or group? If so, names and relationships to you: _____

What is your riding/racing experience? How often do you ride? On what bikes? What type of riding?

What do you want to achieve with this Ride? _____

Emergency Name: _____ Phone Numbers: _____

Insurance Provider: _____ Policy Number: _____ Phone Number: _____

Additional important information: _____

Credit Card number: _____ Expires: _____

All Rides paid in full prior to 30 days of arrival and/or Ride Date. Rocky Mountain Rides reserves the right of not accepting applications.