



you-hou

MARIE-VINCENT MOTOR-CYCLE TOUR 7th EDITION –August 10th 11th and 12th 2010

Registration and Group

Deadline: April 30th, 2010

Participant's identification (please print)

First Name _____ Last Name _____

Street Address _____ Apartment _____ City _____

Province _____ Postal Code _____ Home Phone _____ Business Phone _____

Email _____ Cell Phone _____ Fax _____

I will ride my motorcycle alone **OR** I will ride with _____ on my motorcycle

Group/Pairing

- Motorcycle make & model: _____
- Do you belong to a motorcycle Club or Association? Yes No If yes... Federated Other
Name of your Association or Club: _____
- Number of years of experience riding/motorcycle: _____ Number of kilometers ridden/motorcycle per season: _____
- **Do you have any food allergies? Please specify.:** _____
- Your age group: 25-35 36-45 46-55 56-65 66 and over
- Do you have medical/emergency training? Yes No
If yes, specify: _____
- If you have any experience as a group leader, are you interested in leading a group of 10 motorcycles?
Yes No
- If you have experience as a group sweeper, are you interested in being the sweeper for a group of 10 motorcycles?
Yes No
- If there is more than one motorcycle in your group, please indicate → Number of motorcycles: _____ (including yours)
Names of other motorcyclists: _____
- If you are part of a group already formed (10 motorcycles), please indicate:
Name of your group leader: _____
Name of your sweeper: _____

Reserved / Fondation Marie-Vincent
Received _____ 10 Name of participant _____ N° _____ Group n° _____

Payment

Amount of funds collected: _____ **(\$300.00 minimum)**

Amount for meals: \$45.00/person (3 dinners x \$15.00 non refundable)

Total amount paid to the Foundation: _____

Payment mode – choice

Write a cheque to the **Marie-Vincent Foundation**

VISA MasterCard _____ Name of cardholder (please print)

N° _____ / _____ / _____ / _____ Exp: _____ / _____
(month / year) _____ Signature of cardholder

Thank you!

Information

Fondation Marie-Vincent
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