

2017 John Wayne Pioneer Wagons & Riders 36th Annual Cross State Ride Registration

RIDE IS LIMITED TO 150 PARTICIPANTS. NO REFUNDS AFTER MAY 5th.

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| For Official Use Only: By _____ Amount _____ Check/MO # _____ Date: _____ |
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Mail this completed registration form with check or money order payable to: **JWPW&R, PO Box 92, Hobart, WA 98025**

| Fee Schedule | Days | Persons | Fee | Sub-total |
|--|------|---------|-------|-----------|
| PER DAY, PER PERSON: MINIMUM purchase of 3 DAYS REQUIRED Dates Attending: _____ | | | \$25 | |
| FULL TRIP | | | \$175 | |
| CHILDREN: Age 12 and under (over 12 pay per day or full trip) | | | FREE | \$0 |
| FIRST TEAMSTER HELPER for Teamster: _____ (Teamsters are required to have at least one helper) | | | FREE | \$0 |
| ADDITIONAL TEAMSTER HELPERS: (After the first horse, teamsters may have an additional helper per horse) | | | \$75 | |
| MEMBERSHIP: One membership is REQUIRED per household | | | \$30 | |
| LATE REGISTRATION: If registration is paid after May 5 th | | | \$25 | |
| Total Amount Owing | | | | |

Address: _____

City: _____ State: _____ Zip: _____

E-mail (ALL CAPS): _____ Phone (____) _____

Parent or legal guardian must sign for children under 18

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| Participant is: <input type="checkbox"/> -Rider; <input type="checkbox"/> -Teamster; <input type="checkbox"/> -Other (Wagon rider, walker, bicyclist, helper, etc.); <input type="checkbox"/> -Minor Dependent Name: _____ Signature: _____ |
| Participant is: <input type="checkbox"/> -Rider; <input type="checkbox"/> -Teamster; <input type="checkbox"/> -Other (Wagon rider, walker, bicyclist, helper, etc.); <input type="checkbox"/> -Minor Dependent Name: _____ Signature: _____ |
| Participant is: <input type="checkbox"/> -Rider; <input type="checkbox"/> -Teamster; <input type="checkbox"/> -Other (Wagon rider, walker, bicyclist, helper, etc.); <input type="checkbox"/> -Minor Dependent Name: _____ Signature: _____ |
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