



The Hummels Wharf Fire Co.

is proud to announce our



4th Annual Charity Poker Ride

Event Date & Time: Saturday, July 22nd, 2017 @ 9:00 am (Participants leave at 11:00 am)

Event Starting Location: Hummels Wharf Fire Company

For more information please contact: Angela Gemberling 570-898-7306.

PRE-REGISTRATION IS HIGHLY RECOMMENDED.

ALL REGISTRATION DONATIONS ARE NON-REFUNDABLE

Registration on or before 7/1/17

Includes: T-shirt, Food and Entertainment

Driver/Rider Individual **\$20.00**

Shirt size: S M L XL 2XL 3XL

Driver/Rider w/Passenger **\$25.00**

Shirt size: S M L XL 2XL 3XL

Shirt size: S M L XL 2XL 3XL

Registration after 7/2/17 & Day of Event

Includes: Food and Entertainment

Driver/Rider Individual **\$30.00**

Driver/Rider w/Passenger **\$35.00**

T-shirt may be available but only a limited supply.
Please ask at registration to purchase for \$10.00 ea.

Entertainment Only (6 pm - ?) **\$5.00**

*Door prizes and entertainment will begin approx. 6pm. Must be present to win.

THIS RIDE IS FOR ALL VEHICLES!!!! THE MORE THE MERRIER!

***Waiver:** In consideration of my entry in the Hummels Wharf Fire Company Charity Motorcycle Ride, I hereby waive, release & discharge any and all claims for damages, injury and property damage, which I or my successors may have, or which may hereafter occur to me as a result of my participation in this event. This release is intended to discharge in advance to promoters, sponsors, and all municipalities and public entities (and their respective agents and employees) from and against any and all liability arising out of or connected in any way with my participation in the event. I understand the risks involved in participating in such an event. I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned.

DRIVER/RIDER NAME: (Must be 21 years old): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: () _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone: () _____

Signature of Driver/Rider: _____ Date: _____

PASSENGER NAME: _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone: () _____

Signature of Passenger: _____ Date: _____

(must be 21 years or older)