



Winter Ride Membership Form

(Membership will run from December 1, 2023 – March 31, 2024)

#

Office Use Only

Please Print Neatly

Name: _____

Address: _____

City: _____ **Postal Code:** _____

Home Phone: _____ **Cell Phone:** _____

E-Mail: _____ **Date of Birth:** _____

Membership Fees:

☐ **1 Rider** **\$150.00**

☐ **Youth 11-15** **\$ 75.00**

☐ **Under 10 years** **FREE with a purchase of an Adult or Youth membership**
(Child is under 10 years of age as of January 1, 2023)

Payment via E-transfer to

Cindy.pryce@reachhuron.ca

1. I have read the Open Ride Information Form and understand the membership being offered to me and will abide by the protocols and arena rules.
2. I understand that the Liability waiver signed will cover the duration of my membership until March 31, 2024.
3. I understand that there will be no refund of monies paid for a membership due to lack of use by the member, or cancellation of a ride night/day due to weather.

Signature: _____ **Date:** _____

Signature of Parent or Legal Guardian if child under 18: _____

Printed Name of Parent or Legal Guardian: _____

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☐ Liability waiver received

☐ Payment Received

☐ Membership Card Issued

Approved by: _____ Date: _____