



FIRST ANNUAL GEORGIA LEGACY RUN REGISTRATION FORM

13-14 April 2024

(Note: You may register at the different locations the day of the Ride

POC: Gabriele Barnett, (706) 951-3906 / dogalrdirector@gmail.com

Date: _____ 2024

Rider: Last Name _____ First _____

Passenger: Last Name _____ First _____

Home Address: _____ If ALR Rider/Post # _____

City: _____ State: _____ Zip: _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-mail: (PLEASE PRINT LEGIBLY) _____

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

Contact (Passenger) Name: _____ Phone: (_____) _____ (should be different than
Rider's emergency contact)

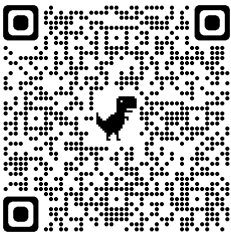
About your bike: Make: _____ Model: _____ CC _____ CB Radio: YES NO

Registration \$50 per bike + a gift bag of comfort items for the Veterans at the GA War Nursing Home in Milledgeville.

Mail Registrations and check (NO CASH)
to:

Tony Propst
129 Brandi Drive
Hiram, GA 30141

- a. Make check payable to DOG ALR
- b. Memo Line:
2024 GA State Legacy Ride
- c. All funds/fees/donations are non-refundable
Online Payment available:



I will be joining at the following location on 13 April:

- ___ **Post 127**
Registration 1000-1030, KSU 0105
6196 Suwanee Dam Rd. Sugar Hill, GA 30518
- ___ **Post 163 KSU change**
1633 Atlanta Hwy SE, Statham, GA 30666
Registration 0930-1100, KSU 1100
- ___ **Post 178**
Richmond Hill Rd. Augusta, GA 30906
Registration 0800-1000, KSU 1030
- ___ **Post 294**
3282 Florence Rd. Powder Springs, GA 30127
Registration 0830-0930, KSU 0945
- ___ **Post 516**
122 Legion Rd. McDonough, GA 30253
Registration 0800-0900, KSU 0930
- ___ **Post 594 KSU change**
1523 Moody Rd. Warner Robins, GA 31088
Registration 1100-1200, KSU 1215
- ___ **Indian Motorcycle Savannah**
6 Gateway Blvd. W, Savannah, GA 31419
Registration 0800-0845, KSU 0900

Legacy T-Shirts can be ordered at:

<https://www.customink.com/fundraising/ga-legacy-0709>

GEORGIA LEGACY RUN

APRIL 13-14, 2024

EMERGENCY INFORMATION

RIDER

NAME _____

ADDRESS _____

DOB _____ SEX M ___ F ___

Cell Phone (____) _____

In the event of an emergency, do you have any medical conditions or take any medications that you feel First Responders should be aware of?

Blood Type: _____

PASSENGER

NAME _____

ADDRESS _____

DOB _____ SEX M ___ F ___

Cell Phone (____) _____

In the event of an emergency, do you have any medical conditions or take any medications that you feel First Responders should be aware of?

Blood Type: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

RIDER

NAME _____

ADDRESS _____

PHONE (____) _____

PASSENGER

NAME _____

ADDRESS _____

PHONE (____) _____