



MOTORCYCLE GRAND TOUR OF VIRGINIA REGISTRATION FORM

Rider's Name _____
(Please Type or Print)

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Phone _____

Rider's Shirt Size: M – L – XL – 2XL – 3XL (Please circle)

I/we agree to hold harmless the Virginia Hospitality and Travel Association (VHTA), the Virginia Tourism Corporation (VTC), Virginia Motorcycle Dealer's Association (VMDA), The Governor's Motorcycle Advisory Council and any other property owners for any loss or injury to self or property in which I/We may become involved by reason of participation in this event.

Signature: _____

Mail this form along with cash or check for \$25 payable to VHTA-Motorcycle Grand Tour of Virginia to:

VHTA – Motorcycle Grand Tour of Virginia
2101 Libbie Ave.
Richmond, VA 23230

**Proceeds to be used to support motorcycle safety and tourism in Virginia.*