Reference SPECIAL OFFER 2024-2025



PLEASE PRINT ALL INFORMATION NEATLY ON FRONT AND BACK OF FORM!

## **Primary Member Information**

First Na	Name:			Last	Name:					
Address	5:									
City:				State:				Zip Co	ode:	
Phone N	Number	r:		Email	Address:					
Driver License Number:					Drivers l	License S	tate:			

# **Family Member Information**

Spouse Name:	<b>BELOW INFO IS REQUIRED!</b>
Dependent Name:	Dependent Date of Birth
Dependent Name:	Dependent Date of Birth
Dependent Name:	Dependent Date of Birth
Dependent Name:	Dependent Date of Birth
Dependent Name:	Dependent Date of Birth
Dependent Name:	Dependent Date of Birth
Dependent Name:	Dependent Date of Birth

## **Emergency Contact Information**

First Name:			Last Name:		
Address:					
City:		State:		Zip Code:	
Phone Number:					

# **Tri-County ATV Recreation and Rescue Membership Application**

#### **TOW Vehicle Information (Truck)**

Year:		Make:			Model:			Color:	
Plate Number:				State:					

#### **ATV Information**

Make:	Model:	DCNR Plate Number:	
Make:	Model:	DCNR Plate Number:	
Make:	Model:	DCNR Plate Number:	
Make:	Model:	DCNR Plate Number:	
Make:	Model:	DCNR Plate Number:	
Make:	Model:	DCNR Plate Number:	

#### **Waiver Information**

I, the undersigned, do hereby acknowledge receipt of a copy of, and agree to abide by, all Tri-County ATV Recreation & Rescue Association rules and regulation, I also acknowledge the risk of injury to my person or property and to others while riding, patrolling, practicing or competing on all Tri-County ATV Recreation & Rescue Association authorized property. I know and understand that off road riding is an extremely dangerous sport and I will rely on my own judgment and ability and assume all risk of injury or damage while on Tri-County ATV Recreation & Rescue authorized property. I will not file suit against Tri-County ATV Recreation & Rescue Association, its officers, its members or the landowner. I understand this membership is valid from October 1st of 2023 through September 30th of 2025. (NO EXCEPTIONS and NO REFUNDS).

Primary Member Signature:	Date:	
Spouses Signature:	Date:	

#### **Additional Information**

Time/Talent: Please list any professions, talents, business, etc. That you would like to share with us.
Make all Checks Payable to: Tri-County ATV Recreation and Rescue Association, Inc., P.O. Box 29, Heilwood, PA 15745
For additional information—Please Call: 814-590-3917