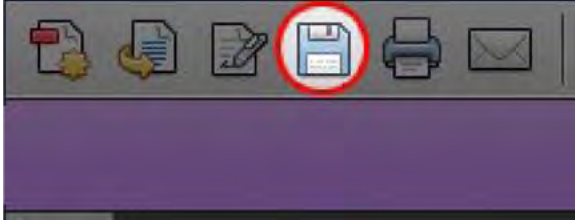


How to fill out and save this form



1. Please make sure you have the most recent version of Acrobat Reader. You can do so by visiting: www.get.adobe.com/reader
2. In Acrobat Reader, fill out this form in it's entirety.
3. Once complete you can save the form using the icon shaped like a disk drive. Save the file to your 'Documents' folder or desktop.

4. After saving, close Acrobat Reader.
5. Locate the file on your computer and re-open it to ensure all data was saved. If data was NOT saved, it is likely that your version of Acrobat Reader is out of date.
6. Email this form as an attachment to us at: info@rawhyde-offroad.com
In the body of the email give us your name and a primary contact number in case there are issues with receiving the form. Once recieved, a RawHyde representative will contact you to process payment/deposit, or you can contact us at: **(661) 993-9942.**
7. Alternatively, you can fill out this form, print it and fax or mail it to us:
To mail application: **RawHyde Adventures, P.O. Box 244, Castaic CA 91310**
To fax application: **(661) 257-3508**

Thank you for your interest in RawHyde and we look forward to seeing you soon!

The Continental Divide Ride 2013

By: **RawHyde**

Choose your trip date:

July 25th - August 04th | August 08th - 18th | August 22nd - September 01st

Name: _____

Street Address: _____

City: _____ State/Province: _____

Zip: _____ Country: _____ Drivers License #: _____

Do you have a Motorcycle Endorsement: YES NO

Please choose your shirt size: Small Medium Large X-Large XX-Large

Contact Information:

Contact Number 01: _____ type: mobile work home fax

Contact Number 02: _____ type: mobile work home fax

Email: _____

Motorcycle Information:

Will you be renting one of RawHyde's motorcycles: YES NO

If so, which motorcycle would you like: R1200GS F800GS F650GS (see website for prices and details)

What type(s) of motorcycle do you ride: _____

Have you taken any Riding Safety courses: YES NO

Please describe your riding history and training: _____

Where did you learn of our programs: _____

What is your profession: _____

In case of emergency, contact:

Name: _____ **Phone:** _____

Street Address: _____ City /State/Province: _____

Postal Code: _____ Country: _____

WARNING:

Participation in a RawHyde Adventure exposes you to risk of bodily harm, other physical dangers and potential death. Application to and participation in a RawHyde Adventure indicates your understanding and acceptance of the risks involved.



The Continental Divide Ride 2013

Page 02

By: **RawHyde**



Health & Diet:

Age: _____

Physical condition: Excellent Very Good Average Poor

Are you a Vegetarian: YES NO

Other special diet requirements: _____

Do you have Health Insurance: YES NO Insurance Co. & Policy #: _____

Do you have any medical or health conditions: YES NO

If yes, please explain: _____

Do you have any allergies: YES NO

If yes, please explain: _____

Are you taking medication: YES NO

If yes, please explain: _____

WARNING:

Participation in a RawHyde Adventure exposes you to risk of bodily harm, other physical dangers and potential death. Application to and participation in a RawHyde Adventure indicates your understanding and acceptance of the risks involved.

Acknowledged & understood: _____ Date: _____

NOTICE:

*****CANCELATION - REBOOKING POLICY*****

Note: These tours are fully booked months in advance, and re-filling a cancellation at the last minute is difficult. If you cancel and we are able to re-fill your place, we will offer a full refund. Otherwise the following schedule applies.

Cancellation 45-60 days before scheduled tour 50% refund

Cancellation or rebooking 1-44 days Forfeit Deposit

Please complete this form submit application with a \$500 deposit to:

To mail application: **RawHyde Adventures, P.O. Box 244, Castaic CA. 91310**

To email application: **info@RawHyde-Offroad.com**

To fax application: **(661) 257-3508**

For more information please call: **(661) 993-9942**

Pay by Credit Card Form

To pay by credit card, fill this form out and include it along with your application. All information is held in strict confidence and will be only seen by RawHyde's senior staff.

If you wish to "call in your credit card" please contact **(661) 993-9942**

Name as it appears on card: _____

Accepted Card Types: Visa Mastercard Discover

Card Number: _____

Expiration Date: _____

Security Number: _____

Billing Address: _____

Amount to be charged (see application for deposit amount): _____

Please include this file form along with the application.

By mail: **RawHyde Adventures, P.O. Box 244, Castaic CA. 91310**

By email: **info@RawHyde-Offroad.com ***

By fax: **(661) 257-3508**

For more information please call: **(661) 993-9942**

* Though we offer email as an option for submission of this form; for security reasons both on the side of the transmitting email service as well as the receiving email service it is not recommended. Fax and Mail are the recommended methods when using this form.