

Pre-registration Form

One Application per Rider

Last Name _____ First Name _____
Mailing Address _____
City _____ State _____ Zip _____
Date of Birth ___/___/___ Male ___ Female ___ Phone (____) ____ - _____
Email Address _____ @ _____

Adults **\$45.00** for weekend
Children **15** and under **\$30.00**
Please make check out to **Scott Voorheis** and mail to:

Scott Voorheis
8580 Coles Ferry Pike
Lebanon, TN 37087

Number of Adult Riders: _____ @ \$45.00 each*
Number of child riders: _____ @ \$30.00 each*

Total: \$ _____

***No refunds available on pre-registration fees.**

(If paying for multiple riders each rider still must have their own form filled out with his or her information.)

***Please Note: Pre-registration forms must be post marked by:**

March 26, 2025

For more information feel free to contact us:

615-394-0900

Scott Voorheis scott@trailpass.com