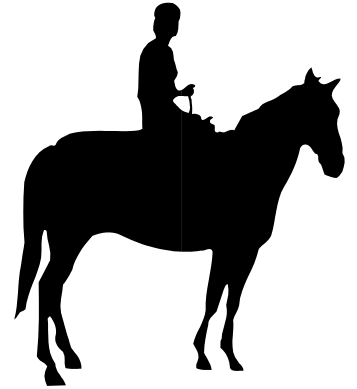


2019

Colts Neck Trail Riders Club Membership/Renewal Application



Please print clearly

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: Home # _____ **Cell #** _____

Emergency Contact Name _____ **Tel#** _____

E- Mail _____

Please supply us with your e-mail address, the club contacts our members with upcoming events.

I would like to join The Colts Neck Trail Riders Club:

Adult @ \$25.00

Family @ \$30.00

Junior @ \$15.00 (under 18 years)

Family members' names:

Are you willing to contribute your time by helping to do:

Clean-ups _____ **Flagging Trails** _____ **Food committee** _____

Time/ Registration _____ **Community Service** _____

Suggestions to improve the club _____

Signature _____ **Date** _____

Parent or Guardian _____

MAKE CHECKS PAYABLE TO: COLTS NECK TRAIL RIDERS CLUB:

**C.N.T.R.C. C/O Mrs. V. Sullivan,
P.O Box 244, Colts Neck, NJ, 07722**