



Colts Neck Trail Riders Club Membership/Renewal Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home # _____ Cell # _____

Emergency Contact# _____

Date: _____

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 @ \$20.00

Family @ \$25.00

Junior @ \$10.00 (under 18 years)

Family members names:

Are you willing to contribute your time by helping to do

Clean-ups _____ Flagging Trails _____ Food committee _____ Set pace courses _____

Time/ Registration _____ Community Service _____

What I would like to see the club do: _____

Signature _____

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