

LVs Ride Application Form

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Gender: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Occupation: _____ Company/School Name: _____

Health Insurance Information

You are required to have health insurance to participate in LVs Ride. If you do not currently have health insurance, please let us know. There are options available for short term traveler's insurance.

Health Insurance Provider: _____ Policy Number: _____

Allergies and Diet Information

Please let us know if you have any allergies and diet restrictions. We will accommodate every restriction as much as possible.

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Short Answer Questions

What distance do you plan on riding?
 National Rider 3,400 Miles **Regional Rider** (From _____ To _____) **Local Rider** (What city _____)
 Virtual Rider (Your Location _____) **Support Staff** (Position _____)

How did you find out about LVs Ride?

Why are you interested in participating?

Describe your interest in service/volunteering and poverty issues.

Would you like to help planning this tour? If yes, a coordinator will be in touch.

Please submit your completed application to Mari Anzicek through email, fax or mail.

Mari Anzicek Phone: (202) 529-0047 | LVs Ride | Fax: (202) 529-0775 | Tour Co-Coordinator | Email: manzicek@cbconf.org