

HEALING WHEELS PARTICIPANT REGISTRATION FORM

Check One Driver Peddler Participant/Rider
(Must be 18yrs or older)

Name:

Nickname:

Check One Deaf Hard of Hearing Deaf/Blind Other

Age:

Weight:

Cell #: Email Address:

FAX #:

Address:

Known Medical Conditions or Special Needs:

Do you have an SSP or a Peddler/Driver that you want to be with you? If yes, have them fill out the for below:

SSP, ASSISTANTS OR PEDDLER/DRIVERS FOR OTHERS, PLEASE FILL THIS BOTTOM PART OF THE FORM OUT:

Check One Driver Peddler Participant/Rider
(Must be 18yrs or older)

Name:

Nickname:

Check One Deaf Hard of Hearing Deaf/Blind Other

Sex:

Weight:

Cell #: Email Address:

FAX #:

Relationship to the Participant:

Emergency Contact Name & cell number: