

OJHMF Memorial Ride & BBQ Registration Form

Your Registration Information

First Name

Last Name

Street Address

City

State

Zip Code

Phone

Email

Number of Attendees

1

2

3

4

4+ please specify:

\$ 25.00 per person

25 x ___ = _____

Your Check Reference #

Please make check payable to: OJHMF

Your Donation is Tax Deductible

Tax ID# 47-3055935

Mail this form and Payment to:

OJHMF TOURNAMENT
5100 B-1 Clayton Road, #169
Concord, Ca 94521