



Registration No:

Rider Details

Name:

Address:

Email:

Phone No:

Next of Kin:

Relation to Next of Kin:

Contact No for Next of Kin:

Name: _____

Relation to ICE: _____

Phone No: _____

Bike Details

Make & Model

Bike Reg:

Pillion Details

Name:

Address:

Email:

Phone No:

Next of Kin:

Relation to Next of Kin:

Contact No for Next of Kin:

Name: _____

Relation to ICE: _____

Phone No: _____

If Rider & Pillion are each other's Next of Kin please add another ICE (in case of emergency) contact.

Please also sign and date the Disclaimer and return both forms to:

**Riders4Life Run
 Blood Bikes East
 4 Carmichael Centre
 Brunswick Street North
 Dublin 7
 D07 RHA8**