



RUSSELL FOREST TRAILS

RUSSELL FOREST TRAILS ASSOCIATION REGISTRATION FORM EXPIRES DECEMBER 31

Name: _____

Home Address: _____

City, State, Zipcode: _____

Russell Lands On Lake Martin Resident Address:

Phone Numbers

Home: _____ Work: _____ Mobile: _____

E-mail Address: _____

Type of Registration: Hiker Biker Horse Rider Golf Cart
 Individual Family

Discounts: WPCC Russell Lands Resident Employee

List each person in your group release form attached

- | | | |
|----|--|--------------------------|
| 1. | | <input type="checkbox"/> |
| 2. | | <input type="checkbox"/> |
| 3. | | <input type="checkbox"/> |
| 4. | | <input type="checkbox"/> |
| 5. | | <input type="checkbox"/> |

A RELEASE FORM IS REQUIRED FOR EACH PERSON

A signed release form is enclosed and a copy of the trails rules and regulations has been given to the registrant

Registrant Signature _____ DATE _____

Manager's Signature _____ DATE _____

PLEASE MAKE CHECK PAYABLE TO RUSSELL FOREST TRAILS ASSOCIATION