

Colorado Springs Christian 4-Wheelers, Inc.
(CSC4W)
2025 Registration Form
(33rd Year)



LAST NAME: _____

FIRST NAME: _____

SPOUSE NAME: _____

ADDRESS

STREET: _____

CITY: _____

STATE: _____ **ZIP CODE:** _____

Primary Contact Number: _____ **home / cell / other**

Alternate Contact Number: _____ **home / cell / other**

EMAIL ADDRESS: _____

(Please print legibly)

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

IMPORTANT RELEASE of INFO: Is it okay to release the following to other club members?

Phone Number: ____ **Yes** ____ **No**

Email Address: ____ **Yes** ____ **No**

ABILITY LEVEL: ____ **BEGINNER** ____ **INTERMEDIATE** ____ **ADVANCED**

VEHICLE MAKE: _____

MODEL: _____ **YEAR:** _____

NOTE: We request all members have the following standard equipment: tow strap, fire extinguisher, first-aid kit, & FRS radio.