3rd ANNUAL GEORGIA LEGACY RUN/RETREAT

REGISTRATION FORM

25TH-27TH SEPTEMBER 2026

POC: Thea Fultz, (678) 787-9818 / dogalrdirector@georgialegion.org

Date: _____2026

Rider: Last Name _____ First _____

Passenger: Last Name _____ First _____

Home Address: _____ If ALR Rider/Post # _____

City: _____ State: _____ Zip: _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-mail: (PLEASE PRINT LEGIBLY) _____

Emergency Contact **(Rider)** Name: _____ Phone: (_____) _____

Emergency Contact **(Passenger)** Name: _____ Phone: (_____) _____

(Passenger emergency contact should be different than Rider's emergency contact.)

About your bike: Make: _____ Model: _____ CC _____ CB Radio: YES_____ NO_____

Registration $50 per bike

a. Make checks payable to DOG ALR
b. Memo Line: 2027 GA State Legacy Ride
c. All funds/fees/donations are non-refundable
d. Payable at registration point or prepay online

Online Payment available at: dogalr.square.site or scan the QR code

★ REGISTER & JOIN AT ANY STOP ★

ELLIJAY AREA HOTELS

STRATFORD MOTOR INN 79 MADDOX CIRCLE EAST ELLIJAY, GA 30540	$66	706-969-7100
BEST WESTERN MOUNTAIN VIEW INN 94 MOUNTAIN VIEW DRIVE EAST ELLIJAY, GA 30540	$371	706-515-1500
COMFORT INN & SUITES EAST ELLIJAY 234 HIGHLAND PARKWAY EAST ELLIJAY, GA 30540	$229	706-514-0355

SUGAR HILL/BUFORD AREA HOTELS

COMFORT INN & SUITES 2499 SATELLITE BLVD, BUFORD, GA 30518	$83	470-323-3333	6.6 MILES AWAY
COUNTRY INN & SUITES 1395 MALL OF GEORGIA BLVD, BUFORD, GA 30519	$96	770-271-1441	9 MILES AWAY
FAIRFIELD INN & SUITES 1355 MALL OF GEORGIA BLVD, BUFORD, GA 30519	$97	678-714-0248	9.1 MILES AWAY
HOLIDAY INN EXPRESS 2730 MALL OF GEORGIA BLVD, BUFORD, GA 30519	$132	770-614-9064	8.9 MILES AWAY

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25TH-27TH SEPTEMBER 2026

EMERGENCY INFORMATION

(Each Person Place This Form in Vest Pocket)

RIDER	**PASSENGER**
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
_____	_____
DOB _____ SEX: M___ F___	DOB _____ SEX: M___ F___
Cell Phone (_____) _____	Cell Phone (_____) _____
In the event of an emergency, do you have any medical conditions or take any medications that you feel First Responders should be aware of?	In the event of an emergency, do you have any medical conditions or take any medications that you feel First Responders should be aware of?
Blood Type: _____	Blood Type: _____
_____	_____
_____	_____
_____	_____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

RIDER	**PASSENGER**
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
_____	_____
PHONE (____) _____	PHONE (____) _____