

FREEDOM SUMMER

2004



40th Anniversary

CHANEY GOODMAN SCHWERNER JUSTICE COALITION

A Project of the James Earl Chaney Foundation

FREEDOM SUMMER RIDE FOR JUSTICE REGISTRATION FORM

(PLEASE COMPLETE, SIGN AND RETURN ENTIRE FORM.)

James Earl Chaney Foundation

36 E. 12th St. Suite F

New York, N.Y 10003

NAME:

(Please print)

Last _____ First _____ Mid _____

ADDRESS:

CITY:

STATE:

ZIP:

PHONE

FAX:

EMAIL:

A) BUS INFORMATION

- 1. Do you wish to join a Bus Group YES: NO:
- 2. Do you wish to form your own Bus Group YES: NO:
(Note: Minimum of 40 seats purchased required per Bus Group).
- 3. Are you interested in being a Group Coordinator for your City? YES: NO:
- 4. If you are unable to join us for the entire caravan, please list the date(s)
You will be in attendance: _____

B) SPECIAL MEDICAL CONDITONS

- 1. Are You taking medication? YES: NO:
If yes: a) Type of medication? _____
b) How often? _____
- 2. Emergency Contact Information
a) Name 1: _____ Telephone: _____
b) Name 2: _____ Telephone: _____
- 3. Do you have special dietary or travel restrictions? YES: NO:
If yes, describe: _____

C) PAYMENT METHOD:

I have enclosed payment of \$1,500 per person for my/our participation in Freedom Ride 2004. This amount will cover my/our transportation, room and board. *(Make Payable to the James Earl Chaney Foundation.)*

Total number of seats purchased: _____ X \$1,500 = Amount paid: _____

Method of Payment (check one): 1. Check or Money order (enclosed) –OR– 2. Credit Card

(Complete below for Credit Card Payments ONLY)

Credit Card Type *(Visa, Mastercard, American Express, etc.):* _____

Credit Card #: _____ Expiration Date: _____

Credit Card Billing Information (if different from above)

NAME:

(Please print)

Last _____ First _____ Mid _____

ADDRESS:

CITY:

STATE:

ZIP:

SIGNATURE _____

DATE: _____