



Application Form

Name:	Address:
Date of Birth:	Phone:
Email:	Have You Completed I.C.E ride before:
Name of Ride Completed:	Year/Make/Model Ridden:
Start Date of Ride:	Completion Date of Ride:
Was ride completed with another individual? If so, who?	Kilometers/Miles Ridden (according to Odometer)
Please indicate 3 towns travelled through on your route:	
Name of Start City:	Name of End City:
Name you want on Certificate (if different from legal name)	Mailing Address for Certificate:

I, _____ (print name), certify that all statements and information provided in this application for the certification are true to the best of my knowledge and belief.

I permit I.C.E. Association to publish my name and ride certification on website.

Signature: _____ Date: _____