

SAASMC

2025 Fall Rider Registration

Temple _____ Unit Name _____

Unit Captain _____

Address _____

City _____ State _____ Zip _____

Phone: Cell: () _____ - _____ Home: () _____ - _____

Email: _____

Please include \$30.00 Per Rider to Cover Cost of Lot rental and Porta Pottys

Number Riding _____ X \$30.00 = \$ _____

Make checks payable to SAASMC

Send To:

***Charles Reece
414 Boyd Rd.
Laurens, SC 29360***

Name _____ E-Mail _____

Name _____ E-Mail _____

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