



2024 ILLINOIS DISTRICT SPRING RALLY - RIDE IN



May 16th - 18th

HOST HOTEL: QUALITY INN

1920 N Kennedy Blvd, Vandalia, IL 62471

IL DISTRICT EAGLE WINGS RATE \$75.00

(618)283-4400

Registration: Members - \$25.00 Non Members - \$30.00

THURSDAY DINNER RIDE/BUG RUN - ORDER OFF MENU

FRIDAY MYSTERY RIDE OR SHAWNEE NATIONAL PARK

SATURDAY HOTDOG LUNCH - FREE

SATURDAY DINNER - INCLUDED IN REGISTRATION (CHILDREN UNDER 16 \$10.00)

HOTELS

RAMADA INN - (618) 283-1400

HOLIDAY INN - (618) 283-0010

CAMPING

VANDALIA LAKE (618) 283-1196

OKAW VALLEY (618) 427-5140

- **Daily 50/50**
- **Light Show**
 - **Rides**
 - **Games**
- **Bean Bag Baseball**
 - **and More...**

2024

ILLINOIS DISTRICT SPRING RALLY - RIDE IN

EAGLE WINGS MOTORCYCLE ASSOCIATION



MAY 16TH - 18TH

QUALITY INN
618-283-2400

RIDER NAME: _____ EWMA# _____ EXP Date _____

CO-RIDER NAME: _____ EWMA# _____ EXP Date _____

ADDRESS: _____

City _____ State _____ Zip _____

Cell Phone: _____ Email _____

District _____ Chapter _____ Position Held _____

Registration*	Number of Members	_____ x \$25.00 = _____
*(includes Saturday buffet dinner)	Number of Non-Members	_____ x \$30.00 = _____
	Children under 16	_____ x \$10.00 = _____

Day pass \$10.00 (NO MEAL)

Thursday Dinner Ride Yes NO

Friday Mystery Ride Yes NO

Friday Shawnee Ride Yes NO

Total Attending Rally	_____	TOTAL Cost to PAY	<input type="text"/>
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Make checks payable to: Illinois District

Mail Registration to: STEVE GOTTSCHALK
P.O. Box 83, Cambria, IL 62915

Any Questions Contact: Bob Adams
Phone: 815-535-5676
Email: my1986goldwing@yahoo.com

We agree to conform and comply with the rules governing this event and further agree to hold harmless EWMA, co-sponsoring organizations, or any property owners for any loss or injury to self or property in which I/we may become involved by reason of participation in this event. I/we agree to assume responsibilities for any property which I/we damage. I/we have read this waiver and agree with all stipulations on this entry form with signature (s) below:

FORM MUST BE SIGNED BELOW BY ALL REGISTRANTS

Rider's Signature _____ Date _____

Co-Rider's Signature _____ Date _____