

JERRY GOWEN'S GARAGE, INC.

Contact person: SHARON GOWEN
770-964-8526

Ride will start @ King Custom Cycles

Fairburn, Ga. 30213

KENNY NASH BENEFIT RIDE

Let's show our
support

For his family

Kenny was diagnosed with Throat
Cancer in June 2009. Going through many different treatments, he
was then diagnosed with Kidney Cancer, as a result loosing a Kidney.
Many surgical procedures later, Doctors thinking all the cancer had

been removed, he is now battling Lung Cancer, which is inoper-
able, he is Stage 4 and terminal. This ride will help his family
prepare for up coming cost of this hardship.. We are asking for
\$25.00 per bike donation and an additional \$10.00 for passen-
gers. An hour ride through the country ending at 155 N. Main
St. Luthersville, Ga. followed by a BBQ lunch, 50/50 drawing,

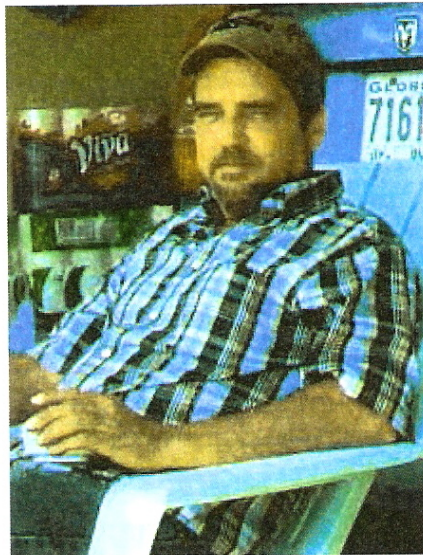
For his family and just having a good time. Ride or drive lets show our support!

DATE: 05/21/11

REGISTRATION TIME: 9:00 - 10:30 AM

KICK STANDS UP @ 11:00AM

Email:
sherry@jerrygowensgarage.com
Phone # 770-964-8526
Fax # 770-964-8513



Kenny Nash Benefit Ride

Registration Form

----MOTORCYCLE RIDE REGISTRATION FORM----

Saturday May 21, 2011-Registration 9:00am to 10:30am

Leaving from King Custom Cycles Fairburn, GA. @ 11:00am

Participant:

Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone: _____ Cell _____

Emergency Contact: _____

Relation _____ Phone: _____

Medical Problems: _____

Passenger:

Name: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Medical Problems: _____

Vehicle:

Year: _____ Make: _____ Model _____

Color: _____ Tag: _____ State: _____

By submitting this form you agree to the following: I am legally licensed to ride a motorcycle on a public road and the motorcycle I am riding is registered and roadworthy. I will not ride in a reckless or dangerous manner and will comply with traffic and road laws of Georgia. I/we am/are being entered in the Kenny Nash Benefit Motorcycle Ride entirely at my/our own risk. I/we do so in full knowledge that motorcycling is potentially dangerous and that any injuries I/we may sustain while participating in this Ride shall be my/our own responsibility even if they are a result of an omission or action by an official of the Kenny Nash Benefit Motorcycle Ride. I/we make this agreement with all individuals associated with Kenny Nash Benefit Ride. I/we do not have any physical or medical condition which may endanger me/us or anyone else attending the Ride. I/we will not ride if I/we have consumed alcohol or other drugs.

Participants Signature _____ Passengers Signature _____

Bike Rider – Lunch \$25 = \$ _____

Passenger – Lunch \$10 = \$ _____

Additional tax deductible Contribution \$ _____

Circle: Cash / Check Total \$ _____
(Payable to the Kenny Nash Benefit)

Mail registration forms to: Sharon Gowen
C/O Kenny Nash
20 NW Broad Street
Fairburn, Ga 30213

Information about the Ride please call Sharon Gowen @ 770-964-8526 between 8am and 6 pm, M-F