



Torrance Rose Float Association

FLOAT RIDER INFORMATION

First Name: _____

Middle Initial: _____

Last Name: _____

Date of Birth (mm/dd/yyyy): _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

This information will only be shown to the TRFA executive board members who require Float Rider information and no other members of TRFA. It may be shared with Fiesta Parade Floats and/or the Pasadena Tournament of Roses for their official use upon request.

For TRFA use only

Check number _____ Amount _____

Date _____