



GTIPI USE ONLY # _____	
R: _____ # _____	<input type="checkbox"/>
TC/E: _____	
RA: _____	VA: _____ TR: _____
SA: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> R	
C/D: _____	<input type="checkbox"/> TC <input type="checkbox"/> E
<small>Rev 02/2009</small>	

GTIPI Rollover Simulator – Reservation Request

PLEASE FILL THIS FORM OUT IN ITS ENTIRETY AND RETURN BY FAX, NO COVER NEEDED

FAX TO: (678) 413-4293

Event _____ Date(s) _____ 20____
Month Day Year

Location _____ GA _____
Event Street address City Zip

Type of Event _____ Sponsor _____

Preferred SET UP time _____ : _____ am pm TAKE DOWN time _____ : _____ am pm

Program Time(s) BEGINNING _____ : _____ am pm ENDING _____ : _____ am pm

Number of persons expected to attend _____ Ages _____

Contact Name _____
First Last Title

Contact Email _____

Contact Telephone _____ - _____ - _____ 8am – 5pm _____ - _____ - _____ CELL/Evening/Weekend

Additional Information _____

IMPORTANT: GTIPI will contact you within 2-3 weeks at one of the points you provide to acknowledge receipt of your reservation request. **This contact is not confirmation that the Rollover will attend your event.** Information will be provided about availability on the date you have requested and potential scheduling conflicts. GTIPI will contact you again approximately 30 days before your event date to confirm attendance of the Rollover and staff, or decline. Please note the Rollover will not be operated in inclement or extreme weather conditions for your safety and the safety of others.

For complete details please see the Rollover FAQs at: www.ridesafegeorgia.org