



Ride Day Registration Form

(Please register one rider per form)

RIDER INFORMATION

First Name: _____ Last Name: _____ Suffix: _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____ Phone: _____

Email Address: _____ Date of Birth: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone #1: _____ Phone #2: _____

RIDE OPTIONS

Course Preference: ___ 30k ___ 60k ___ 100k

Registration Fee (per rider)

TOTAL AMOUNT:

Registration Fee: \$85

Additional T-Shirts (\$12 each) \$ _____

TOTAL \$ _____