



Sunday, June 14, 2015

Bike Ride 6:30AM-11:30AM

501(c)(3) Corporation

NAME # 1: _____ Date: _____ DOB _____
 ADDRESS _____ APT# _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ EMAIL _____

2nd Adult

WAIVER SIGNED
(X)

DATE OF BIRTH
Required

REGISTRATION

ADULT RIDER (18 +)

Rider #2: _____ /_____/____ \$ _____

\$20 per person until 4/30/2015 midnight; \$25 5/1-6/10

TOTAL REGISTRATION FEES \$ _____

Youth (Age 17 and under)

Rider(s) Name

Waiver Signed by
(Parent or guardian)

Date of Birth (Required)

Phone

_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

Payment Information

Circle one: Cash Check # _____ Credit Card: Manual ____ Card Reader ____

Card Type: VISA MC DISC AMEX Card Number: _____ Exp. Date ____ Security Code: _____

Billing Zip Code: _____ Signature: _____ BTB Vol. Initials _____

T-SHIRTS PURCHASED	Quantity	Discounted Price	Total:					
Youth Small	X	\$8.00						
Youth Med.	X	\$8.00						
Youth Large	X	\$8.00						
Adult Small	X	\$8.00						
Adult Med.	X	\$8.00						
Adult Large	X	\$8.00						
Adult XL	X	\$8.00						
Adult XXL	X	\$12.00						
Adult 3XL	X	\$12.00						
				T-Shirt Total				Grand Total:
				\$ _____				\$ _____

Please return this form with payment to Bike the Bend, 4201 Linden Ave., S.B., IN 46619

Fax: 574 288-1997 Phone: 574 204-2458