



Registration Form

REGISTRATIONS MUST BE MAILED PRIOR TO
JULY 15, 2016. ON-SITE REGISTRATION AVAILABLE.

15th ANNUAL BIKE RIDE
BIKE4BREASTCANCER-NORTHERN MICHIGAN
Saturday, July 29, 2017
East Park Pavilion, Petoskey, MI

NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

E-MAIL ADDRESS _____

PHONE NUMBER _____

NAME AND PHONE OF EMERGENCY CONTACT (REQUIRED) _____

BICYCLE AFFILIATIONS _____

**YES I'D LIKE A 15TH YEAR COMMEMORATIVE DRI-
FIT T-SHIRT FOR \$20! SIZES (circle) S, M, L, XL, 2XL**

I AM A SURVIVOR

Please check if you are a cancer survivor.

HOW MANY YEARS HAVE YOU DONE THIS RIDE? _____

I CAN'T RIDE BUT I'D LIKE TO HELP:

Donation _____ Volunteer _____

Total Enclosed \$ _____

Register on-line on **bike4breastcancer.zapevent.com**
or mail completed registration, and signed waiver with
your payment to:

Bike4BreastCancer-Northern Michigan
690 Homestead Ct., Petoskey, MI 49770

FOR ADDITIONAL INFORMATION:

www.Bike4BreastCancerNM.org or
Contact April Cameron at 231-838-1100 or
bike4breastcancernm@gmail.com.

Waiver & Release of Liability

I am a voluntary participant in this event, and in good physical condition. I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless and covenant not to file suit against Bike4BreastCancer-Northern Michigan, its local affiliates and any affiliated individuals, and their agents and employees, and all other persons or entities associated with this event (the Releases) from any loss, liability, damage, or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by falls, contact with other participants, conditions of the ride route, negligence of the releases or otherwise. If I do not follow all the rules of this event, I understand that I may be removed from the event. I give my full permission to Bike4BreastCancer-Northern Michigan, and its local affiliates and their sponsors and corporate partners to use any photograph, videotapes, or other recordings of me that are made during the course of this event. Helmets are required and will be worn by participants at all times while operating a bicycle and there will be no exceptions.

SIGNATURE OF PARTICIPANT

PARENT OR GUARDIAN (IF UNDER 18 YEARS OF AGE)

DATE



Pre-Ride Registration

\$35 per cyclist or \$35 minimum in sponsorships
\$60 per family – 2 adults (children 13 and under included) – or minimum of \$60.00 in sponsorships

On-Site Registration

\$40.00 per cyclist/\$70.00 per family or like amount in sponsorships.

NUMBER OF RIDERS _____

PLEASE INDICATE WHICH DISTANCE YOU ARE REGISTERING FOR: ___50 Mile ___22 Mile ___7 Mile

Please fill out this form completely. Ask your friends and co-workers to be sponsors – whatever they can afford. Try and collect all money in advance and have your sponsor pay by check if possible made payable to **MNMF - KATHLEEN JONTZ BREAST HEALTH FUND**. Contributions are tax deductible to the fullest extent of the law.

SPONSOR	ADDRESS/CITY/ZIP	AMOUNT
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