

Amherstburg Kids Cancer Ride May 17, 2008

Rider Registration Form

Fax to: 519-736-7750 or bring it with you



Rider Name: _____

Age: Under 16 Over 16

email Address: _____

Phone number: _____

Privacy Policy: Your personal information will not be shared with any third party. eMail updates will be sent prior to the ride, and one email will be sent after the ride.

Check here if you do not want to receive any emails:

I am signing up for the:

Solo ride (55 km)

Duo ride (22 km)

Team relay (11km)

Partner name:

Team name:

I am rider # 1 #2

I am rider #1 #2 #3 #4

{No partner or team? We'll assign one at check-in}

This area for volunteer use on ride day

Waiver signed

Bike tagged

Rider tagged

Pledges

