

Bicycling and Barbeque

Presented by the Free Clinic of the Twin Counties in
conjunction with the City of Galax

Saturday July 12, 2008

REGISTRATION (One rider per form -- families and tandems need separate forms for each rider.)

Name:		Age*:
Address (street):		
City:	State:	Zip Code:
Phone:	Email:	
Emergency Contact: (Name)		(Phone)

* Riders under 18 must have parent/guardian permission

FEES

\$30/rider or pre-register six riders for the price of five (all forms in one envelope by mail only, please)
Make Check Payable To: Free Clinic of the Twin Counties
Discounted group entry must be post-marked no later than Thursday July 3, 2008.
Please register early as event shirts and extras may not be available for day of event registrants.

SHIRT SIZE

(Please Circle One)	S	M	L	XL
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CYCLING CLUB OR TEAM

Please indicate your affiliation, if any:

ANSI, SNELL, or CPSC - Certified helmets are required To complete your registration, you must sign a waiver at the registration table on the day of the event.
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Return this form and payment to:	Bicycling and Barbeque c/o Fred Mitchell 934 West Stuart Dr Galax, VA 24333
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(Official Use Only)
Received on: _____
Rider Number: _____
Paid by Check No.: _____
Shirt: _____