

0-2 Connect Fall Bike Ride

REGISTRATION FORM

Name: _____

Guardian (if under 18 years of age): _____

Liability waivers will be signed ON RIDE DAY. If you are under 18, your guardian must be with you on ride day, to sign the waiver.

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: (required on ride) _____

Email(required) _____

Age on Ride Day: _____ Circle One: MALE FEMALE

Emergency Contact

Name: _____

Phone: _____ Relation to you: _____

I am registering for: (Circle One)

_____ 75 Mile Century Ride (\$25 – registration)

_____ 45 Mile (\$25- registration)

_____ Registration fee waived for ride if you rode in two day Early Bird Ride in '08 and you register with a new rider.

_____ Group of 5 riders (registration waived with \$1000 in donations)

*Submit separate registrations for all 5 members, and staple them together

All donations need to be received prior to start of the ride.

Method of Payment: CASH or CHECKS made to OCL

Circle T-shirt size: (all are adult sizes)

M L XL XXL

Mail. Fax or email Registration Forms to:

Patricia Fratangelo c/o Onondaga Community Living

518 James Street, Suite 110, Syracuse, New York 13203

315-434-9367 (fax) - patfrat@oclinc.org

Onondaga Community Living and Connections of Central NY thank you for participating.

Have a great ride!