



Bib # assigned _____

WALK-ON REGISTRATION FORM

(This form *and* the Waiver Form must be completed by cyclist before entering registration area)

NAME: _____

CITY, STATE, ZIP: _____

EMAIL: _____

CELL PHONE: _____

EMERGENCY CONTACT: _____

DATE OF BIRTH: _____ UNISEX T-SHIRT SIZE: _____

ROUTE OPTIONS:

- 100 Mile 7:30 AM PINK
- 50 Mile 9:00 AM GREEN
- 30 Mile 10:00 AM YELLOW
- 10 Mile 12:00 NOON BLUE

What is your primary connection to PD? _____

How did you hear about the NE Parkinson's Ride? _____

I understand that the New England Parkinson's Ride is a fundraiser for the Michael J Fox Foundation for research toward a cure for Parkinson's Disease.

I further understand that there is a **minimum fundraising requirement of \$100** and I am prepared to make that donation now. Checks should be made out to The Michael J Fox Foundation.

Because 100% of the money raised by cyclists goes directly to the Michael J Fox Foundation, I understand there is a **\$75 adult/\$25 teen registration fee required at the point of registration**. I may pay that fee by cash, check (made out to NE Parkinson's Ride) or credit card.

I agree to be bound by the Rules of the Road and the Waiver attached.

Signature: _____

INTERNAL USE ONLY:

REGISTRATION FEE PAID \$75 Adult \$25 Teen Paid by Credit Card Check Cash

DONATION RECEIVED \$ _____ Paid by Credit Card Check Cash

