



Charity Motorcycle Ride Registration

Benefitting the Combined Fund Drive Registered Charities



Event Date & Time: Saturday August 18, 2012 @ 9:00 am. (Last Bike out by 10:00 am)

Event Starting Location: Capital Campus North Diagonal Olympia WA

Questions??? For more information go to www.cfd.wa.gov or contact Rebecca Ledesma at (360) 664-4786 or e-mail reledesma@walottery.com or cfd.tcsc@gmail.com

REGISTRATION FEES (All registration fees are non-refundable):

Registration on or before 7/31/12
 T-shirt, buffet & prize passport* included for each rider

Motorcycle Individual **\$25.00**
 Shirt size: S M L XL XXL XXXL

Motorcycle Rider with Passenger **\$40.00**
 Shirt size: S M L XL XXL XXXL
 Shirt size: S M L XL XXL XXXL

Registration after 7/31/12
 Buffet & prize passport* included for each rider

Motorcycle Individual **\$30.00**
 Motorcycle Rider w/ Passenger **\$45.00**

Additional meals available for purchase at Lucky Eagle for \$6.00 each.

*Prize drawings begin at 2pm. Must be present to win. Prize passports must be stamped at each pit stop to be eligible.

Waiver: In consideration of my entry in the CFD Charity Motorcycle Ride, I hereby waive, release & discharge any and all claims for damages, injury and property damage, which I or my successors may have, or which may hereafter occur to me as a result of my participation in this event. This release is intended to discharge in advance the promoters, sponsors, and all municipalities and public entities (and their respective agents and employees) from and against any and all liability arising out of or connected in any way with my participation in the event. I understand the risks involved in participating in such an event. I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned.

RIDER NAME (Must be 18 Years or Older): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone (____) _____ E-mail: _____

Emergency Contact Name: _____ Emergency Contact #: (____) _____

Signature of Rider: _____ Date: _____

PASSENGER NAME: _____ E-mail: _____

Emergency Contact Name: _____ Emergency Contact #: (____) _____

Signature of Passenger: _____ Date: _____
 (or parent signature if passenger is under 18)

Please **print** and **sign** this form. Mail the completed registration form, with **check** (made payable to Combined Fund Drive), to: Combined Fund Drive; Attn: Dawn Sanquist; PO Box 40250; Olympia, WA 98504-0250.