



Participant Registration Form

Name: _____ Team Name (2 Person): _____

Please put a ✓ to select your category and age group:

- | | | |
|---------------------------------------------|------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> OPEN 2 Laps | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Recreational 1 Lap | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> 2 Person Team | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Fat Bike Category | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> One Lap | | |
| <input type="checkbox"/> Two Laps | | |
| <input type="checkbox"/> KIDS (FREE) | <input type="checkbox"/> 6 & Under | <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-12 |

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone #: _____

E-mail: _____

Age: _____ Gender: M F T-shirt Size: S M L XL

REGISTRATION FEE

\$45 Early-Bird Deadline AUGUST 30th. \$50 Per rider after August 30th. \$60 Day of Race.

- T-shirt sizing guaranteed until **Sept. 9th**

Please select your form of payment -registration fee must be paid at time of registration and is non-refundable:

- Cash
- Cheque - Payable to *The Lung Association*
- Visa or MasterCard:

Card Number _____ Expiry: _____

Amount Paid = \$ _____ Donations \$ _____

Signature: _____

Registration forms can be mailed, delivered or faxed with your registration fee to

The Lung Association, c/o 639 Southdale Rd. E, London, ON N6E 3M2

Fax: 519-453-9184

Questions? Call Lori at 519-453-9086 or lpallen@on.lung.ca

On race day, ALL RIDERS must check-in and sign a waiver. Plan on arriving early!