

CYPRESS CHALLENGE: PART DEUX

A GLOTMAN SIMPSON CYCLING CLUB CANCER FUNDRAISER
www.glotmansimpsoncycling.ca



\$20

MINIMUM DONATION

PARTICIPANT INFORMATION (PLEASE PRINT)

NAME OF PARTICIPANT (first/last):

ADDRESS:

CITY:

POSTAL CODE:

TELEPHONE:

E-MAIL:

BIRTH DATE (mm/dd/yyyy):

GENDER:

MALE

FEMALE

EMERGENCY CONTACT INFORMATION

NAME OF CONTACT:

TELEPHONE:

PAYMENT INFORMATION – MINIMUM DONATION \$20 CASH OR CHEQUE ONLY

CASH: YES

NO

CHEQUE:

DONATION AMOUNT: \$20.00 \$50.00 \$75.00 \$100.00 \$250.00 \$500.00 OTHER:

CATEGORY ENTERED:

MEN UNDER 34

35 – 44

45 – 54

55 – 65

65+

CLYDESDALE (+210lbs)

WOMEN

UNDER 34

35 – 44

45+

CLYDESDALE (+160lbs)

PARTICIPANT NUMBER:

EVENT WAIVER AND INDEMNITY (PLEASE PRINT)

RELEASE AND INDEMNITY (PLEASE READ CAREFULLY)

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge, and hold harmless the Glotman Simpson Cycling Club, its members and directors, representatives and agents for any injury, loss or damage to my person or property, howsoever caused, arising out of any connection with taking part in the Cypress Challenge: Part Deux, notwithstanding that the same may have been contributed to or associated by the negligence of the Club representatives or agents.

In witness thereof, I have hereunder set my hands this day _____ of _____, 20_____.

Printed Name: _____ Signature: _____

Name of Parent / Guardian: _____

(If under 19 years of age)

Signature of Parent / Guardian: _____

Witness Name: _____ Signature: _____

PRE-REGISTRATION: Friday, September 12, 2009
6:30 – 8:30pm
1661 West 5th Ave, Vancouver

EVENT DAY REGISTRATION: Saturday, September 12
7:30 – 8:45am
Cypress Works Yard