



# REGISTRATION FORM

## *Ride to Remember*



CYCLIST REGISTRATION (1 PER PERSON)			
NAME:	_____		
ADDRESS:	_____		
CITY:	STATE:	ZIP:	
PHONE: (DAY)	(EVENING):		_____
E-MAIL:	_____		

Event	Date	# Loops	Donation	Total
<input type="checkbox"/> 3000 Ride Challenge	8/11/11			
<input type="checkbox"/> Dream Ride 9/11 *	9/11/11			
<input type="checkbox"/> 3000 Ride Challenge	10/11/11			
<input type="checkbox"/> 3000 Ride Challenge	11/11/11			
<input type="checkbox"/> 3000 Ride Challenge	12/11/11			

\*10th anniversary of 9/11/01 - Special Event - Details at [DreamRideProjects.org](http://DreamRideProjects.org)

Dream Ride 9/11 Commemorative T-Shirts!			
	Small	\$20	
	Medium	\$20	
	Large	\$20	
	X-Large	\$20	
	XX-Large	\$20	
<b>Grand Total</b>			



Please mail completed registration form and payments to:  
**Dream Ride Projects c/o Registration**  
**PO Box 141 Lancaster, PA 17608-0141**  
*Please make checks or money orders payable to Dream Ride Projects*  
*All registration fees are suggested donations.*

