

NAME OF RIDER 2: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL: _____

PHONE NUMBER: () _____

BIRTHDAY (MM/DD/YYYY): _____ AGE: _____

ADULT SHIRT SIZE: (CIRCLE ONE): **SM MED LG XL XXL**

In submitting this entry, I hereby, for myself, my heirs, executors and administrators, waive any and all rights and claims for damages I may or hereafter have against individuals associated with this event, their agencies, representatives and successors, for any and all injuries suffered by me in said event. I certify that I have full knowledge of the risks involved in this event and that I am physically fit and satisfactorily trained to participation in it and have no medical or physical conditions that prevent my participation in it. I give my permission for the use of my name and picture in any broadcast, telecast or print media account of this event.

SIGNATURE RIDER 2: _____ DATE: _____
Signature of adult or guardian if rider is under 18



The Amazing Waukeee Bicycle Race



The Amazing Waukeee Bicycle Race

A Scavenger Hunt and Challenge For Teams of Two!

WAUKEE FAMILY YMCA
575 E. University Avenue
Waukeee, IA 50263

Register NOW
A Scavenger Hunt
For Teams of 2



October 14
2007



The Amazing Waukeee Bicycle Race

PRESENTED BY THE WAUKEE FAMILY YMCA

Date & Time:

Sunday, October 14th – 1:00 p.m.
Check in – 12:30 p.m.

Registration:

Register your team on-line at www.dmymca.org, by mail by sending in this registration form with payment, or in person at the Waukee Family YMCA, 575 E University Avenue, Waukee, IA.

If registering on-line you will register under one YMCA Member name. You will be required to sign the waiver the day of the event.

Early Bird Registration Deadline:

October 6th, 2007

Location:

The event will start at the Waukee Family YMCA and require participants to search the Waukee Community.

Race Information:

This bicycle event requires teams of two to participate. All teams will begin at the Waukee Family YMCA. Teams will be given a map of Waukee, a list of businesses, and eight clues. Teams will have to decipher the clues to determine which 8 Waukee businesses they are referring to. Teams will then have to determine a route to visit each one of the eight businesses and complete a challenge at each location. The first team to complete all eight challenges and arrive back at the YMCA will be victorious! At least one team member must be 18 years of age.

Free Child Care

Free Child Care will be provided at the Waukee Family YMCA during the race for participants.

More Info:

For more information, contact Eric Kress at eric.kress@dmymca.org, 987-9996

PROGRAM FINANCIAL ASSISTANCE POLICY

Thanks to many generous community supporters, the YMCA does not turn away anyone due to an inability to pay. Please ask about our program financial assistance policy.



**We Build Strong Kids,
Strong Families,
Strong Communities.**

2007 Waukee Family YMCA The Amazing Waukee Bicycle Race

Please fill out both sides of registration form and mail form and check to:

Waukee Family YMCA, 575 E. University, Waukee, Iowa 50263

NAME OF RIDER 1: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL: _____

PHONE NUMBER: () _____

BIRTHDAY (MM/DD/YYYY): _____ **AGE:** _____

ADULT SHIRT SIZE: (CIRCLE ONE): **SM MED LG XL XXL**

EARLY BIRD REGISTRATION: \$20 YMCA MEMBER TEAMS
(AT LEAST ONE YMCA MEMBER ON THE TEAM)
\$30 NON MEMBER TEAM

LATE REGISTRATION: \$30 PER TEAM (REGISTRATION AFTER OCT. 6)
**Late registration will not be guaranteed a race t-shirt.

METHOD OF PAYMENT:

CREDIT CARD:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARD #: _____

EXP. DATE _____

CHECK ENCLOSED: MAKE CHECKS PAYABLE TO:
WAUKEE FAMILY YMCA

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SIGNATURE RIDER 1: _____ DATE: _____
Signature of adult