



REGISTRATION FORM

Mr. Mrs. Ms. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender: Male Female Date of Birth (mm/dd/yyyy): _____

Emergency Contact (Name / Relationship / Phone #): _____

Tell us why you are participating in this event (e.g., "I am riding in honor of my mother."): _____

Are you a cancer survivor? Yes Yes and I'd like to share my story publicly, please contact me. No

If you are or were a member of the Armed Forces, please specify which branch so we may recognize your service at the event: _____

Choose Your Route:

25 mile (\$100 registration fee, \$1,000 fundraising minimum)

100 mile (\$150 registration fee, \$2,000 fundraising minimum)

50 mile (\$125 registration fee, \$1,500 fundraising minimum)

Virtual Ride (FREE to register, No fundraising minimum)

How will you bike? Start a team Join a team Participate individually

Name your team OR tell us the name of the team you will join: _____

We'll send you an official A2C club fit jersey before the event. Please tell us your jersey size: _____

If you were referred to ride with us, tell us the name of the person that referred you: _____

Payment Information:

Check (payable to Cancer Research Institute) Credit Card: Visa MasterCard Amex Discover

Credit Card Number: _____

Expiration Date: _____ CVV Number: _____

Discount/Promo Code (if applicable): _____

Would you like to kick-start your fundraising with your own personal donation toward your fundraising commitment? Gift Amount: \$ _____

I understand that by registering I am agreeing to fulfil the fundraising minimum attached to the route I have selected.

Thank you for supporting the Cancer Research Institute. This form may be faxed to 212-832-9376 or mailed to: A2C Cycling, c/o Cancer Research Institute, One Exchange Plaza, 55 Broadway, Suite 1802, New York, NY 10006