

TOUR DE MIDLANDS REGISTRATION

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

E-mail address: _____

Route you intend to ride 15__ 30__ 72__ 102__ Estimated Finish Time _____

T-shirt size: Small__ ; Medium__ ; Large__ ; X-Large__ ; XX-Large__

Postmarked By 5/3/11 - \$30 _____

Postmarked After 5/4/11 - \$40 _____

I understand that an approved bicycle helmet must be worn while participating in this event.

A waiver must be signed when I sign in for the ride before I will be allowed to participate in the Tour de Midlands.

If participant is under the age of 18 years, a parent or guardian must sign the required waiver. Age__

Signature: _____ Date: _____

Mail your completed registration form and make your check payable to:
Community Open Land Trust
PO Box 1605
Lexington, South Carolina 29075