



~ LATE REGISTRATION FORM ~
22nd ANNUAL EVENT—SUNDAY, AUGUST 15, 2010
Registration after July 15, 2010

ANSI OR SNELL APPROVED HELMETS REQUIRED

Name (list each separately) _____ Age _____

Name (list each separately) _____ Age _____

Name (list each separately) _____ Age _____

Name (list each separately) _____ Age _____

Address _____

City / State / Zip _____

Phone (____) _____ E-mail _____

How did you hear about TdP? Friend Rode Before Active.com Poster/Flyer Magazine Parade Other _____

What route(s) will you ride? 70 mile Century 30-mile Half-Century 20-mile Intermediate 6-mile Family Route

Please indicate registration quantities below:

____ Adult (age 13 & over) @ \$35 each = \$ _____

____ Child (age 3 –13) @ \$5 each = \$ _____

____ Child under 3 - free

OPTIONS: Limited shirt supply after 7/15/10 - all sizes may not be available on day of event

____ Men's Shirt Size (please circle) S M L XL 2X @ \$10 each = \$ _____

____ Ladies Shirt Size (please circle) S M L XL @ \$10 each = \$ _____

____ Adult Pancake Breakfast @ \$8 each = \$ _____ Child Pancake Breakfast @ \$5 each = \$ _____

Subtotal registrations \$ _____ Subtotal shirts \$ _____ Subtotal Breakfast \$ _____ Grand Total \$ _____

Please sign release below. Without your signature or a guardian's, we cannot allow you to ride in Snoqualmie Valley Hospital Tour de Peaks.

Release of organization and sponsors: In consideration of the acceptance of this entry and by signing this release for myself for the named entrant, if the entrant is under 18 years old, I waive any and all claims for myself and my heirs against all of the sponsors and promoters, their officers and employees and any other parties connected with the event for any injuries, harm, loss, inconvenience, or damage, foreseen or unforeseen suffered as a result directly or indirectly from participation in the Snoqualmie Tour de Peaks or any activity associated with it. I further state that I am in proper or physical condition to participate in this event. I understand the chosen route is a challenging route not necessarily the safest route. I realize that weather conditions may make this a difficult ride. I warrant I am sufficiently competent at cycling to handle road and/or off road conditions found in the Northwest and that my bicycle is in safe operating condition. I also understand wearing a helmet can minimize or prevent head injuries which may occur in cycling accidents, and the organizers and everyone involved in this event **require all riders to wear helmets**. I authorize the use in subsequent advertising any photos taken of me during the event on August 15, 2010.

X _____
 Signature Required (if under 18 yrs, by parent)

X _____
 Signature Required (if under 18 yrs, by parent)

Make check payable to: SVCC (Snoqualmie Valley Chamber of Commerce)
P. O. Box 357 ~ North Bend, WA 98045

Snoqualmie Valley Hospital Tour de Peaks is wholly owned by Snoqualmie Valley Chamber of Commerce