



~ EARLY REGISTRATION FORM ~

23rd ANNUAL EVENT—SUNDAY, AUGUST 14, 2011

Pre-registration before July 24, 2011

ANSI OR SNELL APPROVED HELMETS REQUIRED

Name (list each separately) _____ Age _____
 (Required)

Name (list each separately) _____ Age _____

Name (list each separately) _____ Age _____

Name (list each separately) _____ Age _____

Address _____
 (Required)

City / State / Zip _____

Phone (____) _____ E-mail _____
 (Required) (Required)

How did you hear about us? Friend Rode Before Active.com Poster/Brochure Bike Magazine
 Other _____

What route(s) will you ride? 100 mile Century 50 mile Half-Century 25 mile Intermediate

Please indicate number of Riders below:

Adult age 13 & over @ \$25 each = \$ _____ *After 7/24/11 the Registration Price will be \$35

Child 12 and under Free

OPTIONS: Shirts not available after 7/24/2011

Men's Wickify Tech Shirt Size S____ M____ L____ XL____ 2X____ 3XL____ @ \$16 each = \$ _____

Ladies Wickify Tech Shirt Size S____ M____ L____ XL____ 2XL____ @ \$16 each = \$ _____

DEADLINE to order Cotton T-Shirts is 7/24/2011 - There will be a limited quantity of Cotton T-Shirts for purchase on Day of Event

Men's Cotton Shirt Size S____ M____ L____ XL____ 2X____ 3XL____ @ \$10 each = \$ _____

Ladies Cotton Shirt Size S____ M____ L____ XL____ 2XL____ @ \$10 each = \$ _____

Registrations \$ _____ Shirts \$ _____ One-Time Processing Fee + \$5.00 = Grand Total \$ _____

Please sign release below. Without your signature or a guardian's, we cannot allow you to ride in the 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 Valley Hospital 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 14, 2011.

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

Phone: 425.888.6362 Email: info@tourdepeaks.org

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