

The Willcox Flyer Bike Ride

Historic Railroad Ave, Willcox, Arizona

September 1, 2018 – 7:00am

Event Selection: ___ 33 Mile ___ 66 Mile ___ 8 Mile Fun Ride ___ Spirit Rider (One form per participant)

Cost: **Adult 33 Mile** Before 9.3.16 - \$45 Race Day - \$50
Adult 66 Mile Before 9.3.16 - \$55 Race Day - \$60
Student/Military 33 Mile Before 9.3.16 - \$35 Race Day - \$40
Student/Military 66 Mile Before 9.3.16 - \$45 Race Day - \$50
The Mike Allen 8 Mile Fun Ride \$20
Spirit Rider (We will mail you a shirt) \$25

MAIL IN REGISTRATION FORMS MUST BE RECEIVED BY AUGUST 29th.

Mr. Ms. Mrs. First Name: _____ Last Name: _____

If registrant is a child, parent or guardian first and last name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Gender: Male Female Birth Date: ____ / ____ / ____ Age on Race Day: _____

Are you aware of "Small Town, Big Dreams?" Yes No

How did you hear about The Willcox Flyer Bike Ride? _____

Shirt Size: Unisex S M L XL XXL XXXL
Youth S M

Payment Method:

Check: Make checks payable to **SMALL TOWN BIG DREAMS**

100% of the proceeds from the race benefit "Small Town, Big Dreams" a 501 c(3).

Donations: We encourage riders and spectators to consider an additional donation to "Small Town, Big Dreams" to help fund the services provided to students and teachers. You can add any amount to your check or you can go to www.smalltownbigdreams.org and donate with a credit card or donate on race day.

To Use Your Credit Card

Name on Card: _____
Card Number: _____
Expiration Date: _____ CCV / Card Code: _____
Amount: _____

Waiver:

In submitting this entry, I, intending to be legally bound for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages I have or may have against Roca Motion, the organizers of this event, its principals, its employees, its volunteers and, all sponsors and their representatives for any and all claims, damages, demands or actions whatsoever in any manner, as a result of my participation in The Willcox Flyer Bike Ride, including travel to and from the event. I hereby consent to medical treatment in the event of injury, accident and/or illness during the event. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising of the event without compensation. If you are under 18, a parent or legal guardian must sign this form.

Signature: _____ Guardian Signature (under 18) _____

Please mail registrations to **Roca Motion Attn: Willcox Flyer Bike Ride PO Box 1022 Willcox, AZ 85644**
Questions please contact Brian and Melinda Nash at 520.444.8284 or azrocamotion@gmail.com

For Office Use Only: _____ Date Received _____ Money Received _____ Date Entered Into Active