

Registration Form

One Rider Per Form.

Participant Last Name: _____

Participant First Name: _____

Participant OHIP Number: _____

Parent / Guardian Name: (if under 18 years old) _____

Parent / Guardian's Emergency Contact Number:

Address: _____

City: _____ Postal Code: _____

Phone: (_____) _____

E-mail: _____

Are you over 13 years of age? Yes No



BIKE-A-THON

*...To benefit the pool renovation project
at oselya CYM Veselka!*

Saturday, June 22, 2019

7:00 a.m. Registration Opens

8:00 a.m. Bike-a-thon Begins

****Course begins at CYM
Mississauga domivka**

1222 Fewster Dr.

Please contact
veselkabikeathon@gmail.com for more info

- Yes, I have read and signed the liability waiver (participants if 18+ or parents if participant under 18)
- Yes, I am including my \$50 deposit to secure my spot in the bike-a-thon (will be returned upon registration)
- Yes, I will be riding in the 50-kilometer bike-a-thon
- No, I will not be riding in the bike-a-thon, but I would LOVE to volunteer. Please contact me and sign me up!

Name: _____ Contact e-mail/phone number: _____

- No, I will not be participating, but I would LOVE to make a monetary donation in the amount of \$_____ to this cause and am including it with this registration form.

Please hand in this registration form (along with the liability waiver and refundable \$50 deposit) to the CYM Mississauga domivka, or scan and email all documents to veselkabikeathon@gmail.com by May 4th, 2019