

## Event Day Rider Registration for Tour de Lyme

### First, Choose Your Ride-- Road or Trail

- Road Bike: Challenge 59 miles - RED ARROWS – Departs 8:00 am
- Road Bike: Valley 35 miles – GREEN ARROWS – Departs 8:45 am
- Road Bike: Valley 26 miles – GREEN ARROWS – Departs 9:30 am
- Road Bike: Classic 25 miles – BLUE ARROWS – Departs 9:15 am
- Road Bike: Family 8 miles – PURPLE ARROWS – Departs 10:15 am
- Road Bike: After Church – PURPLE ARROWS - Departs Saint Ann's 11:45am
- Trail Bike Rides: YELLOW FLAGS & ARROWS – Both Depart 8:15 am  
Rider's Test 26.5 miles (3.5 – 4.5 hours) &/or Intermediate Rider's Test 16 miles

### Second, Choose Your Registration Package

**\$300 Protectors registration** includes a limited edition Tour de Lyme Cycle Jersey and a delicious picnic lunch after the ride. Registration is tax deductible. Cycling Jersey Size: **Women's \_S, \_M, \_L Men's \_S, \_M, \_L, \_XL** (will be out sent after event),

**\$85 Basic registration\*** includes a delicious picnic lunch after the ride. Registration and donations are tax deductible.

**\$35 Youth\* (13-18) Basic registration** includes a delicious picnic lunch after the ride. Registration and donations are tax deductible.

**Families with Children:** Up to **two** children under 13 on the day of the event ride free with an adult registration. Please enter the children(s) name(s) age(s) below. Parents, please note that by signing the Terms & Conditions Form included in the registration you are also signing for your child or children.

Child's Name (under 13) \_\_\_\_\_ Age \_\_\_\_\_

Child's Name (under 13) \_\_\_\_\_ Age \_\_\_\_\_

*\*Added \$10 day of event registration charge is included*

## Participant Information (Please print)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Payment Information

Payment Method  Credit Card  Cash  Check

Name as it appears on card \_\_\_\_\_

*Below information required if billing is not the same as rider information above*

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_