

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 _____

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**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 _____