



# TEAM BILLY RIDE/WALK FOR RESEARCH REGISTRATION FORM

Farmer's Market ~ High Rock Park, Saratoga Springs, N.Y.  
Sunday ~ May 16, 2010 ♦ www.teambilly.org

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

## CHECK-IN BEGINS AT 7:30 AM ~ APPROVED BICYCLE HELMET REQUIRED

Ride Distance:  50 mile ride (8:30 am)  
 25 mile ride (8:30 am)  
 10 mile ride (8:30 am)

Walk Distance:  3 miles (9:00 am)

Team Name (if applicable): \_\_\_\_\_

T-Shirt Size: Youth:  L  
Adult:  S  M  L  XL  XXL

Registration Fee \$25 per person: \$ \_\_\_\_\_

Encourage \$100 minimum donation (per individual or team): \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Checks payable to: The National Brain Tumor Society (Tax ID# 043068130)

Credit Card Payment:  Visa  Mastercard  American Express

Card # \_\_\_\_\_ Exp.Date \_\_\_\_\_

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

Signature: \_\_\_\_\_

I am not riding but would like to participate as a donor (gift amount): \$ \_\_\_\_\_

We accept donations anytime, however, please try to mail in collected donations before May 17th.  
Thank you!

Return Registration Form, Waiver, Rider Fee and Donation:  
Attn: Ken Grey  
c/o Marshall & Sterling Insurance  
300 Route 23B  
Leeds, N.Y. 12451

**Signed Waiver Form (see reverse side)** →

