

35th annual Shenandoah Valley Century

REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

E-mail address _____

Tour Distance: 25 miles 50 miles 100 miles

If I am under 18 years of age, I will ride with an adult over 18 years of age. The name of this adult is:

TYPE OF REGISTRATION: (check one)

Individual SVBC member: \$15 Individual non-member: \$20

Family SVBC members: \$30 Family non-members: \$40

Late registrations (9/4/17 or later): add \$5 for an Individual or \$10 for a Family registration.

FOR FAMILY REGISTRATIONS: please write in the names of your other family members included in this registration:

ADDITIONAL DONATION (all donations go to the Shenandoah Valley Bicycle Coalition): \$ _____

Make checks payable to Shenandoah Valley Bicycle Coalition.

Mail your completed registration form and check to:

Shenandoah Valley Century
c/o Art Fovargue
1043 Chestnut Dr.
Harrisonburg, VA 22801



In the event of circumstances beyond our control, refunds cannot be guaranteed. Confirmation of receipt only upon request and if a legible email address is provided. An informed consent form must be signed on the morning of the ride, a copy of which can be found on the SVBC website: www.SVBCoalition.org