



2010 Ride Idaho Registration

(www.rideidaho.org)



First _____ Last _____ Street _____ City _____ State _____ Zip _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email* _____ <input type="checkbox"/> Please do NOT share my email with the other 2010 riders. Birth Date: ____/____/____ <input type="checkbox"/> Female <input type="checkbox"/> Male	I am a: <input type="checkbox"/> Rider \$625 <input type="checkbox"/> Non-Rider/Guest \$239 <input type="checkbox"/> Event Week Volunteer Accommodations: <input type="checkbox"/> Camping <input type="checkbox"/> RV/Camper Vehicle Type: _____ <input type="checkbox"/> Hotels (entire week) <input type="checkbox"/> Hotels (partial week)	Shirt Size: <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL <input type="checkbox"/> No T-shirt Meal Choice: <input type="checkbox"/> Carnivore <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten-free
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Bike Information: Type: _____ Tire Size: _____ # of Gears: _____ Component types: <input type="checkbox"/> Sram <input type="checkbox"/> Shimano <input type="checkbox"/> Campagnolo	Touring Experience: <input type="checkbox"/> First Timer <input type="checkbox"/> Once Before <input type="checkbox"/> Several or More How many years have you cycled with Ride Idaho: (not including 2010) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 How did you hear about Ride Idaho? _____
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Emergency Contact: <i>This person cannot be on the ride!</i>		
First _____	Last _____	Relationship _____
Daytime Phone _____	Evening Phone _____	

Waiver: I approve this registration and certify that I am capable of such an experience. The Treasure Valley Family YMCA provides many recreational activities to the public. YMCA participants understand that recreational activities do involve inherent risks which are beyond the control of the Treasure Valley Family YMCA, their staff, volunteers and members. We do understand that upon using the facility and/or services that we hereby assume all risks for the behavior, actions, and safety of myself while involved in the activities. Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, or for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my family participating in said activities. In case of accident or illness, the YMCA is authorized to secure emergency medical treatment. Prudent attempts will be made to contact my emergency contact immediately. I have read and understand this agreement and release of liability, and do voluntarily agree. I give the YMCA permission to utilize pictures of me and/or my family in YMCA marketing, promotions, and print media. A complete assumption of risk waiver form must be signed at packet pickup before the event. To review this waiver, visit www.rideidaho.org.

Cancellation Policy: A written cancellation notice must be submitted to the Ride Idaho office. If a rider cancels prior to March 31, the refund will include the amount paid MINUS the non-refundable \$100 deposit. If a rider cancels between April 1 and June 14, they receive 50% of the amount paid minus the non-refundable \$100 deposit. If a rider cancels between June 15 and August 9, NO refund will be issued. Submit written cancellations to rideidaho@ymcatvidaho.org or YMCA Attn: Ride Idaho, 1050 W. State St., Boise, ID 83702. **Signature:** _____ **Date:** _____

<input type="checkbox"/> Check (Make Checks Payable to YMCA) Mail Registration forms: Treasure Valley Family YMCA Attn: Ride Idaho 1050 W State Street Boise, ID 83702 Fax: 1-866-256-9183 Out-of-Country Fax: 1-208-331-0018	Paying by Credit Card Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover Name as it appears on the card: _____ Credit Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiration Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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****1/1-3/31:** A \$100 non-refundable deposit is required at the time of registration. 50% of the cost of the ride is due by March 31.
4/1-8/1: A \$300 deposit is required. The remaining balance must be paid in full (or set as scheduled payments) by June 15.

<input type="checkbox"/> Rider \$625 \$100 min. deposit 1/1-3/31; \$300 min. deposit 4/1-8/1.	<input type="checkbox"/> Non-Rider/Guest: \$239 \$100 min. deposit
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check # _____
<input type="checkbox"/> Cash	Amount Paid: _____ Date: _____ Initials: _____
Front Desk Staff: Please complete this section and return all forms to Julie England @ the Downtown YMCA.	