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BICE

PALERMO &

WILSON, LLC

ATTORNEYS AT LAW



Benefits

All proceeds benefit St. Nicholas Center for Children.

Rules

By law and for your safety and protection, you must abide by all traffic laws throughout the ride. For your safety, a helmet is required.

Fundraising Awards

The top 10 riders who raise money for St. Nicholas Center over and above the registration fees will be eligible for fabulous prizes including a \$600 gift certificate donated by Southern Bicycle Shop.

*Rider bags are limited to the first 500 riders.

Registration From

Return Registration and make checks payable to:

Wheels of Hope
2519 Ryan Street
Lake Charles, LA 70601

Name

Street

City, State, ZIP

Email

Emergency Contact Name

Emergency Contact Phone Number

Friday, October 7, 2016

9:30 a.m. – 5:30 p.m.: Registration and Packet pick up

Southern Bicycle Shop
615 E. Prien Lake Road
Lake Charles, LA 70601

Saturday, October 8, 2016

6:30 a.m. – 7: 45 a.m.: Registration and Packet pick up

8 a.m.: Ride starts promptly at Holy Family

9 a.m. – 1 p.m.: Taste of Louisiana

12p.m.: Fundraising Awards

1 p.m.: Ride ends- plan your route accordingly

St. Theodore Holy Family Catholic School
785 Sam Houston Jones Parkway
Lake Charles, LA 70611

Please circle all choices below:

Distance: 5-10 mi 25 mi 46 mi 58 mi 75 mi

T-Shirt Size: S M L XL XXL

Pre-registration (through Oct. 7):

_____ Child Rider @ \$15 each \$ _____

_____ Adult Rider @ \$35 each \$ _____

Event Day registration (Oct. 8):

_____ Child Rider @ \$20 each \$ _____

_____ Adult Rider @ \$40 each \$ _____

Tax exempt monetary donation also accepted
by St. Nicholas Center: \$ _____

Save \$5 by registering prior to race day!

TOTAL ENCLOSED \$ _____

NO REFUNDS RAIN OR SHINE

In consideration of the acceptance of this entry, I the undersigned shall be legally bound hereby for myself, my heirs, executors and administrators, and I do hereby waive and release any and all rights and claims for damages I have or may have against any and all producers, race directors, organizers and/or sponsors, and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed medical doctor. I hereby agree that in the event of a race cancellation due to storm, rain or unreasonable weather, my entry fee shall not be refunded. I hereby acknowledge that I have sole responsibility for my personal possessions and athletic equipment during this event. I hereby give my permission for the free use of my name and any photograph and videotape of my participation in this event.

Entrant's Signature: _____

Date: _____

Parent of Minor: _____

Date: _____

How did you find out about Wheels of Hope: _____