



PLEASE RETURN TO:
NCMEC/NY
275 Lake Avenue, Rochester, NY 14608
Fax: 585-242-0717; Email: kaspenleiter@ncmec.org

THE RIDE FOR MISSING CHILDREN – 2017
Friday, May 19 - Rochester

Name: _____ Email Address: _____

Date of Birth: _____
(must be 18 or older – if under 18, parent/legal guardian must sign below)

Mailing Address: _____

Home Phone: _____ Alternate Phone: _____

Please choose distance:

_____ **50 mile Ride** _____ **100 mile Ride**

First Year Rider Jersey Size (circle) XS S M L XL 2XL 3XL

Returning Rider (_____ years participating-Include 2017) Recruited by: _____

If you are associated with a school, which school and in what capacity): _____

Would you be interested in being an adopted rider at a school? Yes No

How did you learn about the Ride for Missing Children? _____

PLEASE NOTE – APPLICATIONS WILL NOT BE ACCEPTED ON THE DAY OF THE RIDE

**RIDER'S ACKNOWLEDGEMENT AND COMMITMENT
TO THE RIDE FOR MISSING CHILDREN-2017**

By participating in the Ride for Missing Children-2017, I (my child) understand(s) and agree(s) to the following:

1. I (my child) can participate in and will train for a 100-mile bike ride to keep an average pace of 14-16 mph on flat portions of the Ride-2017.
2. I (my child) will raise a minimum of \$300 in pledges OR will recruit a new rider and ensure we both raise a minimum of \$250 each in pledges.
3. I (my child) understand(s) the Ride-2017 is limited to 350 riders. If I (my child) cannot fulfill the commitment to participate in the Ride, I will inform the Ride Committee as soon as possible so my position can be given to another rider.
4. I (my child) will review and fulfill the recommendations and requirements in the 2017 Ride Manual.
5. I will return the completed Emergency Contact Information form and any other required forms on or before the stated deadlines.

Signature/Electronic Signature

Date

Printed Name

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