



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

**THE RIDE FOR MISSING CHILDREN – 2017**  
**Friday, September 29 - Syracuse**

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: \_\_\_\_\_

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

Returning Rider (\_\_\_\_\_ years participating-Include 2016) 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 14-17 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 200 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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