

# REGISTRATION FORM



**1 Day \* 3 Routes \* 100% to Charity**

**September 27, 2014**

**GENERAL INFORMATION (Please print clearly)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth (You must be at least 18 to participate) \_\_\_\_\_ Do you require vegetarian meals? \_\_\_\_ Yes \_\_\_\_ No

**Unisex T-Shirt Size:** \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large

**Women's Jersey Size:** \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large

**Men's Jersey Size:** \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large

*I would like to order a bike jersey for an additional \$50 \_\_\_\_\_ Please add \$50 to registration amount.*

**Please note: Jersey sizes tend to run smaller. Please order next larger size.**

**EMERGENCY CONTACT:**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

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\_\_\_\_\_ **I am registering as a rider for the 25 mile route**

\_\_\_\_\_ **I am registering as a rider for the 50 mile route**

\_\_\_\_\_ **I am registering as a rider for the 100 mile route**

\_\_\_\_\_ **I am registering as a crewmember**

**Special Skills:** \_\_\_\_\_ **Bicycle Mechanic** \_\_\_\_\_ **Medical (Nurse, EMS)** \_\_\_\_\_ **Motorcycle** \_\_\_\_\_ **Massage**

\_\_\_\_\_ **Other (please explain)** \_\_\_\_\_

\_\_\_\_\_ **I can provide a car/truck/van**

*Please complete next page (over)*

**FOR RIDERS:** I understand it is my responsibility to raise (at least) the *minimum amount of \$100* if I am doing the 25 mile route, the *minimum amount of \$250* if I am doing the 50 mile route, or the *minimum of \$500* if I am doing the 100 mile route as required by the NJ Ride Against AIDS event. I will mail all pledge forms, along with all money collected, to the NJ Ride Against AIDS office postmarked *no later than September 10, 2013*. **I understand that if I have not raised the required fundraising amount, I must use a pledge form to self-donate the remaining amount, as I am responsible to meet the commitment amount.** If I fail to do so, I acknowledge I *will* forfeit my place on the Ride. I understand that all donations are non-refundable, even if I do not participate in the event.

**I have read the paragraph completely and agree to the terms. Please initial here:** \_\_\_\_\_

**For crewmembers:** I understand that as a member of the Crew, I will be part of a service corps that is the backbone of the event. I also understand that crewmembers are encouraged to fundraise.

**I would like my pledge donations to go the following charities: (Choose one or more OR select Share Equally Among All Beneficiaries)**

\_\_\_\_\_ **The Center In Asbury Park**

\_\_\_\_\_ **New Jersey AIDS Services**

\_\_\_\_\_ **South Jersey AIDS Alliance**

\_\_\_\_\_ **JSUMC NJ Family-Centered HIV Care Network  
Pediatric AIDS**

\_\_\_\_\_ **Broadway House for Continuing Care**

\_\_\_\_\_ **NJCRI-North Jersey Community Research Initiative**

\_\_\_\_\_ **Buddies of New Jersey**

\_\_\_\_\_ **Access One**

\_\_\_\_\_ **Share Equally Among All Beneficiaries**

**REGISTRATION FEE: \$40**

Registration fee is non-refundable and non-transferable. Payment accepted by check only.

Make check payable to: **Fostering Empathy, Easing Despair, Inc.**

- Please complete entire registration form (2 pages) as applicable.
- **Event capacity is limited. Registration is not guaranteed until you have received confirmation.**
- Please e-mail questions to [pats@NJRideAgainstAIDS.org](mailto:pats@NJRideAgainstAIDS.org), check our website: [NJRideAgainstAIDS.org](http://NJRideAgainstAIDS.org), or call 732-988-6593.

**Registration deadline is September 1, 2013 - no late registrations will be accepted.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE COMPLETE FORM AND MAIL ALONG WITH YOUR REGISTRATION FEE TO:**

**NJ Ride Against AIDS  
c/o Fostering Empathy, Easing Despair, Inc.  
PO Box 127  
Bradley Beach, NJ 07720**

**This is a rain or shine event**