



AND



DR. KENT YUNDT, MD
DR. TONY HADDEN, MD
NORTHWEST
Brain + Spine



Hosted By

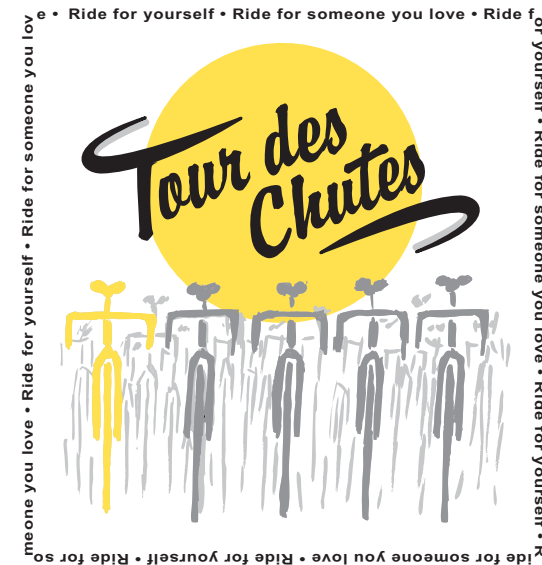


Ride for yourself
Ride for someone you love



presents

5th Annual



July 18, 2009
Bend, Oregon

A community cycling event
to support cancer research
and survivorship

A Ride For Everyone!
7, 25, 48, 70 & 100 mile options

www.tourdeschutes.org

REGISTER

On-Line: www.tourdeschutes.org

By Mail:

Name: _____

Address: _____

City/State/Zip _____

Phone: () _____

Email: _____

Emergency Contact _____

Phone: () _____

I am: Male ___ Female ___ Age _____

Payment Enclosed: \$ _____

Make checks payable to:

Tour Des Chutes
P.O. Box 8056
Bend, OR 97708

Tour des Chutes Waiver and Release of Liability:

I understand bicycling is a sport with risk of accident. I hereby waive, on behalf of myself, and all successors-in-interest, any and all right I may have against any and all persons connected with this event for injuries and/or damages I may suffer as a result of my participation in this event including: Deschutes County, the State of Oregon, the City of Bend, the City of Sisters, the Bend-La Pine School District, the Redmond School District, Mt. Bachelor Ski Patrol, Tour des Chutes, its sponsors and any of the aforementioned entities officers, agents, employees, volunteers and any other personnel in any way assisting or connected with this event from any and all claims or liability of any kind or nature whatsoever arising out of my participation in this event. I understand that it is my responsibility to know the laws pertaining to bicycle use on public roadways, and I agree to follow them. I agree to abide by any additional safety rules established by the Tour des Chutes. I will wear an ANSI/Snell approved helmet at all times. I authorize the bearer to request, authorize, contract, and direct any and all necessary medical care for myself. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotion of this event.

Signature _____ Date _____

Parent Signature for Minor _____ Date _____

\$45 Pre-Registration

(Entry postmarked by **7/13**;
includes one lunch and t-shirt)

\$55 Late Registration

(Entry received after **7/13**;
one lunch, cannot guarantee t-shirt)

\$20 Kids Pre-Registration*

(12 & Under; Entry postmarked by **7/13**;
includes one lunch and t-shirt)

\$25 Kids Late Registration*

(Entry received after **7/13**;
one lunch, cannot guarantee t-shirt)

\$125 Family Pre-Registration

(2 adults, up to 4 children 15 and under)

\$135 Family Late Registration

(Entry received after **7/13**;
one lunch, cannot guarantee t-shirt)

Additional Lunch Tickets (\$7 each)

Additional Donation

(If you want to give more, or if you're not riding and
want to donate)

\$20 \$50 \$100 other \$ _____

Total Amount Due: \$ _____

Choose Your Ride

(You can change your mind!)

7 miles 25 miles 48 miles
 70 miles 100 miles

Choose Your T-Shirt

Adult: ___S ___M ___L ___XL ___XXL
Kids: ___S ___M ___L

I AM A Cancer Survivor!

* Riders under 16 must be accompanied by a parent or guardian.



July 18, 2009

SCHEDULE

Packet Pick-Up and Late Registration

Thursday, July 16, 4:00pm - 7:00pm

Friday, July 17, 11:00 am - 7:00pm

At: Sunnyside Sports
930 Newport Ave.
Bend, Oregon

Saturday, July 18, 6:00am - 7:00am

At: High Lakes Elementary School
2500 NW High Lakes Loop
Bend, Oregon

Start Times

All rides start from High Lakes Elementary School.
Please estimate your ride time so you don't miss lunch.

7:00am – 100 mile

8:00am – 48 & 70 mile

9:00am – 25 mile

9:20am – 7 mile

Lunch

11:00am – 3:00pm

Music & Festivities

11:00am – 3:00pm

Keep this section for your records