



Food Cycle Ride • 324 Hill Street East, Fergus, Ontario N1M 1H4
Tel: 519.835.4360 • Email: contactfcr@foodcycleride.ca

Food Cycle Ride Registration Form

Participant Information (Please print clearly)

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Road Route: Distance: 40 km () 75 km ()

Class: Adult () Student/Youth (Min: 12 yrs of age) () *Family (up to 6) ()

Trail Route: Distance: 20 km () 40 km ()

Class: Adult () Student/Youth () *Family (up to 6) ()

*If registering a family, please supply names of other family members and ages of children:

Rider 2: _____ Rider 3: _____

Rider 4: _____ Rider 5: _____

N.B.: All participants must fill out a waiver form. Download waiver forms from our website (photocopies are acceptable): www.foodcycleride.ca Participants under 18 must sign a waiver and have obtained a signature from a parent or guardian. Photocopies are acceptable.

Please make cheque payable to: **Centre Wellington Food Bank**

*Member(s) of a team? No () Yes ()? If yes, Team Name: _____

YOU RIDE *Because* YOU CARE