



**Sunday, September 20, 2009**



Please **PRINT**

Rider's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

Ride Length (please check)     5-Mile Fun Ride     25-Mile Loop     50-Mile Loop

#	Sponsor Name, Address, City, ST ZIP (please print)	Amount Collected
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
	<b>TOTAL</b>	<b>\$</b>

Please duplicate page if needed.

*Make Checks Payable to: Benedictine Health Foundation*

Money and pledge forms can be submitted at registration the day of the event or mailed to:  
 Benedictine Health Foundation, Bike for Cancer Care, 105 Mary's Avenue, Kingston NY 12401

***WHY RIDE:***

The **Rosemary D. Gruner Memorial Cancer Fund**, in partnership with the Thomas A. Dee Cancer Center at Benedictine Hospital and the Benedictine Health Foundation, provides financial assistance to cancer patients seeking treatment in Ulster County who are in financial need, and frequently have no place else to turn. The fund provides for products and services not covered by medical insurance – nutritional products, prostheses, and gift cards to purchase groceries and gas just to name a few.

In the first half of this year, the demand for financial assistance increased by a staggering **400%** compared to last year. In 2009 alone, we anticipate distributing \$75,000 in direct financial support to over 150 cancer patients and their families - **our friends, our families, our neighbors** – that is who we help!

**Every \$500 you contribute** helps provide financial assistance to one cancer patient and their family for a year.

***BIKE FOR CANCER CARE SNAPSHOT:***  
***Gear up and get ready to ride!*** Whether it's the 5, 25 or 50-mile route you choose, the Bike For Cancer Care promises to be a fun-filled day shared with friends and family.

The day starts out with a nutritious breakfast to get you ready to travel along the scenic Ulster County Routes, complete with picturesque rolling hills and farmland.

All routes are fully supported with rest stops and safety vehicles. At the conclusion of the ride, you will be greeted by enthusiastic volunteers at the finish line, and treated to a BBQ lunch and delicious ice cream donated by Hannaford Supermarkets and Gillette Creamery. Prizes and Awards will follow the 50-mile ride!



# RIDER REGISTRATION FORM

**Sunday, September 20, 2009**

*To Benefit The Rosemary D. Gruner Memorial Cancer Fund at Benedictine Hospital*

**Three Rides for All Skill Levels: 5-Mile Family Ride • 25-Mile Ride • 50-Mile Ride**

## ENTRY FEE

**Prior to September 1<sup>st</sup> - \$12.00 • After September 1<sup>st</sup> - \$15.00**

## CHECK IN & DAY OF EVENT REGISTRATION

Ulster Savings Bank, 180 Schwenk Drive, Kingston, NY

**REGISTRATION: Please Arrive 30 minutes prior to start time!**

**START TIME: 50-Mile 8:30 a.m. / 25-Mile 10:00 a.m. / 5-Mile 11:00 a.m. / Post Race BBQ at Noon**

**FUNDRAISING PRIZES: Grand Prize 2009 Road Bike • 2nd Place • 3rd Place  
FREE Long Sleeve T Shirt to First 250 Pre-registered by September 1, 2009**

**MAIL REGISTRATION FORM & Check Payable to: Benedictine Health Foundation, 105 Mary's Avenue, Kingston, NY 12401.**

Please Complete ONE FORM for Each Rider

**2009 Bike for Cancer Care Ride (check one):**  50-Mile •  25-Mile •  5-Mile Family Ride **PLEASE PRINT**

**Shirt Size (Prior to Sept. 1<sup>st</sup> entry deadline):**  Small •  Medium •  Large •  Extra Large

\_\_\_\_\_  
**Rider LAST Name** **FIRST Name** **Age (if under 18)**

\_\_\_\_\_  
**Mailing Address: Street / State / Zip** **Phone #**

\_\_\_\_\_  
**TEAM Name** **TEAM Captain** **Captain Phone #**

**HELMET IS REQUIRED. No refunds, exchanges or transfers. No animals will be permitted to accompany riders.**

***Please Read and Sign Below:***

In consideration of accepting this entry for the 2009 Bike for Cancer Care, I the undersigned, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against The Rosemary D. Gruner Memorial Cancer Fund, Benedictine Hospital, The Benedictine Health Foundation, Ulster Savings Bank, the Ulster County Department of Highway and Bridges, and any and all sponsors and their representatives, successors and assigns for any and all injuries suffered by me in this event. I attest and verify that I am physically fit and have trained sufficiently for this event and my physical condition has been verified by a licensed medical doctor.

***Rider Signature Here:*** \_\_\_\_\_

**Under 18 Rider Must Have Parent/Guardian Sign Here:** \_\_\_\_\_

**Parent/Guardian PRINT Name Here:** \_\_\_\_\_