



Rosemary D. Gruner  
Memorial Cancer Fund  
AT BENEDICTINE HOSPITAL  
*A helping hand for cancer patients and their families*

**Sunday, September 18, 2011**

**CHECK IN AND DAY OF EVENT REGISTRATION FOR ALL RIDES AND  
YOUTH BIKE RODEO: Dietz Stadium, Kingston, New York**

**Featuring our first YOUTH BIKE RODEO for ages 5 – 10**

**TIME:** 10:00 a.m. - 12:00 p.m. **Entry Fee:** \$10

**ACTIVITIES:** Helmet Adjusting, Maintenance Check, Bike Skills & Obstacle Course, Giveaways and Prizes  
**Free Short Sleeve T-Shirt to all Bike Rodeo Participants**

**3 RIDES FOR ALL SKILL LEVELS: FAMILY RIDE • 25 MILE RIDE • 50 MILE RIDE**

**ENTRY FEE:** Prior to September 1—\$12.00 After September 1—\$15.00

**REGISTRATION** begins @ 7:45 a.m.

**START TIME:** 50 mile 8:30 a.m. / 25 mile 10 a.m. / 5 mile 11 a.m. / BBQ 12 p.m.

**FUNDRAISING PRIZES:** Grand Prize 2011 Road Bike • 2nd Place • 3rd Place

**FREE Long Sleeve T Shirt to First 200 Pre-registered by September 1, 2011**

**HELMETS ARE REQUIRED**

**MAIL REGISTRATION FORM & Check Payable to:**

BENEDICTINE HEALTH FOUNDATION  
105 Mary's Avenue  
Kinaston. NY 12401

[www.bikeforcancer.org](http://www.bikeforcancer.org)

845.417.1865

845.334.3017

**I will participate in:**

**\_\_\_ Youth Bike Rodeo Age: \_\_\_ Circle One: Shirt Size/Youth: Small Medium Large**

**Circle: 50 mile • 25 mile • family ride Shirt Size: Youth Large • Small • Medium • Large • Extra Large**

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

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Street/State/Zip

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Team Name

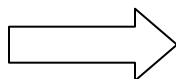
\_\_\_\_\_  
Captain

\_\_\_\_\_  
Phone No.

**No refunds, exchanges or transfers.**

**No animals will be permitted to accompany riders.**

In consideration of accepting this entry, 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 Cancer Fund, Benedictine Hospital, The Benedictine Health Foundation, Dietz Stadium, 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.



\_\_\_\_\_  
**SIGN HERE** (Under 18 Must have Parent or Guardian Sign).



**Sunday, September 18, 2011  
Kingston, N.Y.**

**Fundraising Prizes**  
**Grand Prize 2010 Road Bike**  
 2<sup>nd</sup> Place • 3<sup>rd</sup> Place

**Start and Finish**  
 Dietz Stadium  
 Kingston, N.Y. 12401

**Top Fundraising Team**

Peter Basil Petach  
 Memorial Trophy

Underwritten by:

**Start Times & Directions**  
[www.bikeforcancer.org](http://www.bikeforcancer.org)  
 845.417.1865



Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Ride (please check)  5 Mile Ride  25 Mile Ride  50 Mile Ride

Sponsor Name (please print)	Amount Collected
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
<b>Please continue on the back of the form</b>	