

Safurday, June 14







Bike Ride

Enfry fees:

Long Ride (65 miles): \$20 Medium Ride (52 miles): \$20 **Short Ride (22 miles):** \$20

Requirements:

- Ages 15 & up
- If under 18, must be accompanied by a responsible adult
- If Registration and payment are postmarked by May 25th, 2014: participant will receive a t-shirt

Proceeds:

Proceeds will benefit the Lake Volunteer Association (LVA). The LVA provides education, historical interpretation, recreational and environmental improvements at Lake Shelbyville.

Registration:

To pre-register:

Make checks payable to: "Lake Volunteers Association" Visit www.tinyURL.com/LakeShelbyville for printable form

Mail to: Lake Volunteers Association C/O U.S. Army Corps of Engineers 1989 State Hwy. 16 Shelbyville, IL 62565

Day of Ride Registration:

7:30 a.m.—9:00 a.m.

*Registration is at the Lake Shelbyville Visitor Center where the ride begins

Day of ride registration fee is \$25, no t-shirt is guaranteed for participant

Event & Course Information:

The course consists of primarily county and township maintained roads with short stents on highways. The ride will pass through Lake Shelbyville communities of Shelbyville, Windsor, Findlay, Bethany, and Sullivan. Course will involve railroad crossings and crossing major roadways. Participants MUST wear a helmet for the duration of the ride and obey all applicable IL State Rules of the Road.

An after ride party at the Lake Shelbyville Visitor Center will include music and food for purchase. For more information, contact 217-774-3951 ext 2.







Entry Form and Waiver

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Name (Last, First, MI)								Gender (Circle one) Male Female			
Street Address					City			State		Zip	
Email						<u> </u>	Date of Birth (MM/DD/YY)		D/YY)	Age on Ride Day	
T-shirt size (Circle one) Event						(Circle one)					
S	S M L XL 2XL None Long Ride (65 mi) Med. Ride (52							52 m	i) Short	Ride (22 mi)	
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Signature of Participant* Date								ate (l	(MM/DD/YY)		
Α	dditional	Signatu	re of Pa	arent/Legal Gua	ardian F	Required if under 18:					
Signature of Parent/Legal Guardian Date									e (MM/DD/YY)		
N	ame of re	sponsil	ole adul	It who will be ac	ccompa	nying the participant (Please print)				

HELMETS ARE REQUIRED ON ALL RIDES