



ENTRY FORM

JUNE 5, 2010

Fill out this form **completely**, then mail it to
American Diabetes Association, 2625 Pennsylvania NE #225, Albuquerque, NM 87110
(You will receive a confirmation via e-mail.)

FIRST NAME

LAST NAME

DATE OF BIRTH AGE GENDER
Month Day Year Male Female

ADDRESS

CITY
State Zip

PHONE
Daytime Evening

E-MAIL
(You will receive a confirmation via e-mail.)

EMERGENCY CONTACT

* EVENT DISTANCE **10 MILE FAMILY RIDE** **25 MILES** **50 MILES** **65 MILES** **100 MILES**

I'M A RED RIDER
(I'm riding with diabetes)

* Rider Packet includes: Bib Number, Route Map & Instructions, Water bottle, T-Shirt and other promotion items provided by sponsors.

Circle Your T-Shirt Size - S M L XL XXL

THANK YOU FOR YOUR SUPPORT!

#1 Team Fundraiser – 2009
Way to go Deeside Thistle Cycling Club!
Outstanding Effort!

#1 Individual Fundraiser - 2009
Way to do it again, Ken Griesemer
Two years in a row, you're unstoppable!

2009 TOP TEAMS

- Deeside Thistle \$8,155
- Ethicon Endo-Surgery.... \$7,595
- Sanofi-aventis..... \$5,503
- Team Endo \$2,775
- The Green Go's \$2,297

2009 TOP INDIVIDUALS

- Kenneth Griesemer \$3,625
- Matt Detommaso \$2,783
- Bill Rivas \$2,540
- John Hocker \$2,085
- Julie Smith \$1,737

I AM A FUNDRAISER
 Register on-line at:
 diabetes.org/tour
 (choose **Option 1**)
 OR
 complete and mail this registration form with registration fee.
 A collection envelope will be mailed to you once your registration is processed.

Adult/Youth Rider \$15 \$ _____
 (\$25 after May 30th)
 Optional Donation \$ _____
 Total Amount Paid \$ _____

As a fundraiser, I agree to raise the **minimum \$150** by the day of the ride. I realize that I will be eligible to compete for various prizes depending on my fundraising level. Registration fee does not count towards fundraising minimum. Registration fee is non-refundable and non-transferable.

 (Signature)

I AM A NON-FUNDRAISER
 Register on-line at:
 diabetes.org/tour
 (choose **Option 2**)
 OR
 complete and mail this registration form with registration fee

Adult Rider \$55 \$ _____
 (\$65 after May 30th)
 Tandem \$85 \$ _____
 Children \$25 \$ _____
 (age 14 and under)
 Optional Donation \$ _____
 (\$15 Suggested)
 Total Amount Paid \$ _____

MAKE CHECKS PAYABLE TO:
 American Diabetes Association

MAIL THIS COMPLETED ENTRY FORM AND FEE TO:
 American Diabetes Association
 2625 Pennsylvania NE, Suite 225
 Albuquerque, NM 87110

(Sorry no refunds or exchanges)