

SHAMROCK BIKE & BREW



ST. PATRICK'S DAY
SATURDAY, MARCH 16TH 2019
12:00pm-5:00pm

Pre-Registration Deadline – Friday, March 1st
Any forms received after the deadline will not be guaranteed a shirt.

REGISTRATION FEE:
Team of Five - \$50 Individual - \$15
*Team sizes are unlimited. Any additional team member (6 or more) must pay the \$15 individual fee.

Day of registration will be available throughout the Pancake Breakfast at the Elks Lodge between 8:00-10:30am.

LATE REGISTRATION FEE:
Team of Five - \$75 Individual - \$20

Number of team members: _____

*Mark 1 for an Individual registration

Send Registration Forms and Check to:

Fort Madison Family YMCA
220 26th Street
Fort Madison, IA 52627

***Checks payable to the Fort Madison Family YMCA**

For more information, please call
319-372-2403

*Registration is final - We will ride rain or shine.
No refunds.

By my signature, I declare full responsibility for myself due to my participation in the Fort Madison Family YMCA Shamrocked Bike & Brew event. Furthermore, I waive and release any and all claims for damages which I may have or which may occur due to my participation in this event. I waive and release any and all claims against the City of Fort Madison, the Fort Madison Family YMCA, all participating establishments, and the employees and officers of the Fort Madison Family YMCA. I hereby do declare myself to be 21 or older and physically sound, having medical approval to participate in this activity of the Fort Madison Family YMCA

Name: _____ Phone: _____
Please Print Clearly
Address: _____ City: _____ State: _____ Zip: _____
Please Print Clearly
Email: _____ Age: _____ Payment: _____
T-Shirt Size: _____ Waiver Signature: _____

Name: _____ Phone: _____
Please Print Clearly
Address: _____ City: _____ State: _____ Zip: _____
Please Print Clearly
Email: _____ Age: _____ Payment: _____
T-Shirt Size: _____ Waiver Signature: _____

Name: _____ Phone: _____
Please Print Clearly
Address: _____ City: _____ State: _____ Zip: _____
Please Print Clearly
Email: _____ Age: _____ Payment: _____
T-Shirt Size: _____ Waiver Signature: _____

Name: _____ Phone: _____
Please Print Clearly
Address: _____ City: _____ State: _____ Zip: _____
Please Print Clearly
Email: _____ Age: _____ Payment: _____
T-Shirt Size: _____ Waiver Signature: _____

Name: _____ Phone: _____
Please Print Clearly
Address: _____ City: _____ State: _____ Zip: _____
Please Print Clearly
Email: _____ Age: _____ Payment: _____
T-Shirt Size: _____ Waiver Signature: _____

Name: _____ Phone: _____
Please Print Clearly
Address: _____ City: _____ State: _____ Zip: _____
Please Print Clearly
Email: _____ Age: _____ Payment: _____
T-Shirt Size: _____ Waiver Signature: _____

Name: _____ Phone: _____
Please Print Clearly
Address: _____ City: _____ State: _____ Zip: _____
Please Print Clearly
Email: _____ Age: _____ Payment: _____
T-Shirt Size: _____ Waiver Signature: _____

Name: _____ Phone: _____
Please Print Clearly
Address: _____ City: _____ State: _____ Zip: _____
Please Print Clearly
Email: _____ Age: _____ Payment: _____
T-Shirt Size: _____ Waiver Signature: _____

Name: _____ Phone: _____
Please Print Clearly
Address: _____ City: _____ State: _____ Zip: _____
Please Print Clearly
Email: _____ Age: _____ Payment: _____
T-Shirt Size: _____ Waiver Signature: _____

Thank you for supporting your local YMCA