



Michigander

July 11-18, 2015

Bicycle Tour



One Form Per Rider (May be Photocopied)

*Required Field MUST BE FILLED IN (PLEASE PRINT CLEARLY)

*First Name: _____

*Last Name _____

*Mailing Address: _____

*City: _____

*State _____ *Zip _____

*Phone (Day): () _____

*(Evening): () _____

*E-Mail Address: (For email confirmation)

(I don't have Email: PLEASE MAIL MY CONFIRMATION LETTER and RIDE GUIDE with more information)

*Age on Tour (7-11-2015): _____

*Gender: Male Female

*Vegetarian Diet: Yes No

* Allergies _____

* Person to Contact in Case of Emergency:

On Ride Not on Ride

* Name: _____

* Phone: () _____

2-DAY RIDE

Adult (18+) \$103 Youth (7-17) \$85 . . . \$ _____

AFTER MAY 1, 2015, A 2-DAY LATE FEE OF \$15 APPLIES \$ _____

6-DAY RIDE

Adult (18+) \$400 Youth (7-17) \$350 . . . \$ _____

AFTER MAY 1, 2015, A 6 & 8-DAY LATE FEE OF \$35 APPLIES \$ _____

8-DAY RIDE

Adult (18+) \$475 Youth (7-17) \$425 . . . \$ _____

AFTER MAY 1, 2015, A 6 & 8-DAY LATE FEE OF \$35 APPLIES \$ _____

AGE 6 or UNDER:

2-Day Ride 6-Day Ride 8-Day Ride \$__ FREE__

PRIVATE SUPPORT PERSON

2-Day Private Support Vehicle/Person \$35 . . . \$ _____

6/8-Day Private Support Vehicle/Person \$120 . . . \$ _____

See what is included with support person in

"Ride Guide" on website or with confirmation letter.

Pre-Ride Options

2 & 8 Day Riders: Help us with our meal count for Saturday morning breakfast. If you will be joining us please check box. It is included with registration fee.

Merchandise

T-Shirt: (Circle Size)

S M L XL 2XL 3XL \$20 . . \$ _____

Jersey Size: (Circle Gender & Size)

Men's OR Women's

XS S M L XL 2XL 3XL \$55 . . \$ _____

Jersey's can only be ORDERED UNTIL MAY 1, 2015. A few extra's will be ordered and available for sale during the ride

MTGA Membership . \$25 Individual \$35 Family . . \$ _____

Tax Deductible Donation to Michigan Trails & Greenways \$ _____

MTGA Members subtract \$15 for membership discount \$ _____

TOTAL ENCLOSED IN (US DOLLARS) \$ _____

IF CREDIT CARD PAYMENT: M/C, Visa or Discover:

_____ - _____ - _____

Exp. Date: _____/_____/_____

***Your Credit Card Statement Will Read
"Michigan Fitness Foundation"***

Name on Card: (If different than above) _____

Billing Address: (If different than above) _____

City: _____ State: _____ Zip: _____

I hereby authorize the above amount to be charged to the indicated credit card

Signature _____

How Many Michigander's Have You Been On? _____

Where did you hear about Michigander? _____

Mail To:

Michigander
PO Box 27187
Lansing MI 48909



Fax To:

517-347-8145



**YOU MAY ALSO SIGN UP ONLINE AT:
www.michigander.bike**