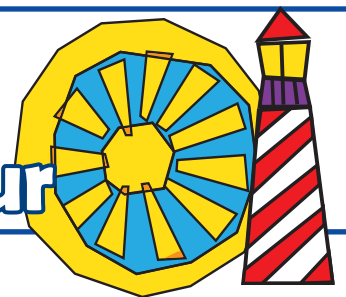




Michigander

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**