

Entry Form

Contact Information (Please Print Clearly)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact Day of Ride, Name & Number (Please Print Clearly) For Medical Emergencies, please dial "911"

Entry Fee

_____ \$15.00 Single Entry (\$20.00 Day of the Ride)

_____ \$40.00 Family Entry (\$50.00 Day of the Ride) ***3 or more riders from the same household

Please select T-Shirt size (Please select all sizes for Family Registration)

_____ Small _____ Medium _____ Large _____ X Large _____ XX Large

Please make checks payable to:

Coal Country Chamber of Commerce

P.O. Box 57

Gillespie, IL 62033

Registration Forms & Additional Information available online at:

www.coalcountrychamber.com or Register Online at www.active.com

Tour de Coal Release Form

Please read carefully, sign & return with registration form. In consideration of the acceptance of this application, I hereby for myself, my heirs, executors, administrators and assigns, and anyone entitled to act on my behalf release and discharge the sponsors, directors, officials, employees & volunteers, from any kind of illness or damage suffered by me and a result of my participation in or from the Tour de Coal ride.

I know & understand that bicycling is potentially hazardous. I should not enter the Tour de Coal unless I am medically able & properly trained. I assume all risks associated with riding the Tour de Coal including falls, contact with other participants, the effect of weather, traffic & conditions to roads, all such risks being known are appreciated by me. I realize that bicycling is a strenuous activity which requires proper physical conditioning. I do hereby certify that I am in such physical condition and in good health. I agree to wear all appropriate equipment including a helmet at all times while riding the Tour de Coal.

Signature of Rider _____

Date _____

Signature of Parent or Guardian if under 18 _____