



**New Jersey Ride Against AIDS
REGISTRATION FORM
September 24 - 26, 2010**

***Only 60 Riders and 40 Crew Being Accepted*
Register Now!**

- Please complete entire registration form (2 pages) as applicable.
- **Event capacity is limited. Registration is not guaranteed until you have received confirmation.**
- Registration fees are non-refundable and non-transferable.
- Please e-mail questions to pats@NJRideAgainstAIDS.org, check our website: www.NJRideAgainstAIDS.org, or call 732-988-6593.
- **Registration deadline is September 1, 2010 - no late registrations will be accepted.**

GENERAL INFORMATION (Please print clearly.)

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ ZIP _____

Cell Phone _____ Home Phone _____

E-mail Address _____

Date of Birth (You must be at least 18 to participate) _____ Gender: _____ Male _____ Female

Do you require vegetarian meals? ____ Yes ____ No

Is it okay to share your contact information with other participants in your area for training and support purposes? ____ Yes ____ No

T-Shirt/Jersey Size: _____ Small _____ Medium _____ Large _____ X-Large _____ XX-Large

EMERGENCY CONTACT:

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Alternate Phone _____

Relationship to Participant _____

_____ I am registering as a rider _____ I am registering as a crewmember

I understand this is a **three-day commitment for both riders and crew. I will be available the entire weekend, Friday, September 24 at 6:00 am through Sunday, September 26 at 4:00 pm. _____ (Please initial)**

Special Skills: _____ Bicycle Mechanic _____ Medical (Nurse, EMS) _____ Motorcycle _____ Massage

_____ Other (please explain) _____

_____ I can provide a car/truck/van

Please complete next page (over)

FOR RIDERS: I understand it is my responsibility to raise (at least) the **minimum amount of \$1,500.00** as required by the NJ Ride Against AIDS. I will mail all pledge forms, along with all money collected, to the NJ Ride Against AIDS office postmarked ***no later than September 1, 2010.*** **I understand that if I have not raised the required fundraising amount, I must use a pledge form to self-donate the remaining amount, as I am responsible to meet the commitment amount.** If I fail to do so, I acknowledge I *will* forfeit my place on Ride Weekend. I understand that all donations are non-refundable, even if I do not participate in the event.

I have read the paragraph completely and agree to the terms. Please initial here: _____

For crewmembers: I understand that as a member of the Crew, I will be part of a service corps that is the backbone of the event. I also understand that crewmembers are encouraged to fundraise.

REGISTRATION FEE: **Riders \$100** **Crew \$50**

Registration fee is non-refundable and non-transferable. Payment accepted by check only. Make check payable to: **New Jersey Ride Against AIDS.**

Rooming: Rooms are assigned at 4 people per room. If you have a specific request for a room assignment, please provide the following information

I would like to room with: Name _____
Name _____
Name _____

____ **I desire a private room for one or two people.**

I understand there will be an additional charge for a private room and this arrangement is not final until I have received confirmation from the Ride staff. I further understand New Jersey Ride Against AIDS will do their best to accommodate my request, but cannot guarantee it.

How did you hear about New Jersey Ride Against AIDS? (Please Circle One)

- I rode/crewed in 2009, 2008, 2007, 2006, 2005, 2004, 2003, or 2002
- Family/Friend
- Special Event
- Poster or Postcard
- Newspaper Article (which one) _____
- Newsletter Ad (which one) _____
- Ride Beneficiary (name) _____
- Other (please explain) _____

Signature _____ **Date** _____

PLEASE COMPLETE FORM AND MAIL ALONG WITH YOUR REGISTRATION FEE TO:

**New Jersey Ride Against AIDS
PO Box 127
Bradley Beach, NJ 07720**