

Venture Outdoors 24 Hour Relay Registration

One participant per registration form.

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

Email Address
(for confirmation) _____

Team Name (leave blank if registering as an individual without a team)

I have experience riding off road at night:

Yes No

I have bicycle lights strong enough for night riding:

Yes No

I would like to support VO's mission to help get people active & outside by purchasing a membership (this is optional)
\$ _____

See membership levels below

Basic Membership Levels

Individual: \$25
Senior or Student: \$15
Dual: \$35
Household: \$50

Sustaining Membership Levels

Ranger: \$125
Steward: \$250
Trustee: \$500
Pathfinder's Circle: \$1,000

Initial here _____ I understand that I am required to raise \$550 to participate in the event. I authorize Venture Outdoors to charge the balance on this credit card in the event that I do not raise \$550.

Visa MC Discover American Express

Card # _____

Expiration Date

Signature

24 Hour Relay Pledge

I realize that the 24 Hour Relay (Relay) requires physical activity and I represent that I am in sound medical condition. I have no physical or medical conditions that would put myself or others in danger.
Initial here _____

I understand that the Relay will be off road and I take full responsibility for the condition of my bicycle and equipment. I agree to abide by all rules of the Relay and the routes that will be traveled, including wearing a helmet during the entire ride.
Initial here _____

I understand that Venture Outdoors reserves the right to qualify riders and equipment.
Initial here _____

I have carefully read this form and fully understand and agree to its contents.

Signature _____

Date _____

Mail Registration to:

Venture Outdoors
Attn: Relay
304 Forbes Avenue, 2nd Floor
Pittsburgh, Pa 15222



For more information visit
www.ventureoutdoors.org or email
biketour@ventureoutdoors.org
Fax 412.255.0635