

2007 Tour Registration Form
27th Annual Great Arizona Bicycle Adventure
September 28th – October 7th Check In September 28th
 (One form per person, please print)

P. O. Box 40814
 Tucson, AZ 85717-0814
 (520) 349-5932

(Please circle one)
 Male or Female

Name: _____ Age: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Phone: () _____
 E-Mail Address: _____ Fax: () _____
 Have you ridden the tour in previous years? _____ If yes, number of times: _____
 How did you hear about us? _____

Free Tour T-Shirt Size: S M L XL XXL Free Tour Socks: Shoe Size _____ Men or Women?

Vegetarian (Please circle): Yes No
 Accommodations: Motel _____ Camp (No indoor camping) _____ Combination _____

Tour registration fee: 6 ride for the price of 5! \$ 645
 (All registrations must be sent in together.)
 Postmarked before 7/1/07 Deduct \$25 \$ _____
 Postmarked after 8/31/07 Add \$25 \$ _____
 Motor coach and bike transportation from Phoenix to the AVI, Laughlin (\$55): \$ _____
 Motor coach and bike transportation from San Carlos to Phoenix (\$45) \$ _____
 Transportation Tucson to Phoenix on September 28th (\$25) \$ _____
 Transportation San Carlos to Tucson on October 7th (\$20) \$ _____
 Meals only option for individuals accompanying riders on tour (\$160) \$ _____
 Lodge rooms at Grand Canyon National Park for 2 nights (\$240) \$ _____
 Please indicate type of room (1 or 2 beds) desired: _____
 Total: (Please make check or money order payable to GABA, Inc. Tucson) \$ _____

If the tour is full: Put me on a waiting list _____ Return my registration materials _____

Cancellation Policy

Refund requests must be made in writing if you are unable to make the tour for any reason.

- If postmarked by 7/1/07, total amount less \$50 will be refunded.
- If postmarked by 8/31/07, total amount less \$100 will be refunded.
- If postmarked by 9/15/07, only \$75 will be refunded.
- Sorry, no refund if postmarked after 9/15/07.

There are no exceptions to the refund policy. At any time, you may locate a substitute rider and submit his/her completed registration and waiver with a letter of explanation, to avoid the cancellation charge.

Medication Allergies: Yes / No If yes, please list: _____

Current Medications: Yes / No If yes, please list: _____

Medical Problems: Yes / No If yes, please list: _____

Emergency Contact: _____ Phone: () _____
 Address: _____ City: _____ State: _____
 Relationship: _____

Waiver, Release and Assumption of Risk & Contract

Participation in this event requires the use of a CPSC-certified helmet. In consideration of the Greater Arizona Bicycling Association, Inc. (GABA) accepting my application for entry into the event named on this form, I hereby waive, release, and discharge GABA, its chapters, officers, event leaders, volunteers, organizer, sponsors, and participants from any and all claims for personal injury, property damage, or death resulting from my participation in this event. I realize that there are certain dangers inherent in the sport of cycling, and I assume these risks with the full understanding that serious injuries, even death may result from the negligence or carelessness of the above-named. I certify that my bicycle is suitable for safe use in this event, that I am in good physical condition, and that I am able to complete this event. I consent to emergency care if injured or ill. I have read this waiver and release and fully understand its terms, and agree that it shall be binding on my heirs and assigns.

If under the age of 18, you must be accompanied by an adult who is also registered on the tour.

 Signature Date

 Signature of parent or guardian, if under the age of 18 Date