



TEAM BIKIN

Team Member Registration Form

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Best Contact Phone Number _____

Best Contact E-mail address: _____

I want to participate as a volunteer in the following events:

<i>Event</i>	<i>Leadership</i>	<i>Support</i>
<i>Happy New Rear</i>	_____	_____
<i>Tour Dallas</i>	_____	_____
<i>Ride of Silence</i>	_____	_____
<i>Collin Classic</i>	_____	_____
<i>Wish 100</i>	_____	_____
<i>Pedal 2 Paris</i>	_____	_____

Acceptance of Risk:

I, _____, the undersigned, understand that with the participation in any special event or athletic activity, there is an inherent risk of personal injury. I am willing to accept this risk and with my signature affirm that I will do everything possible to minimize that risk.

Participant Signature

Date



Please mail this completed registration form to:
Fun Bikin' Enterprises, 617 18th Street, Suite 104, Plano, TX 75074