



2nd Annual Tour de Charleston

12.5, 25 & 50 Mile Timed Bicycle Rides

Presented by the
Charleston Area Chamber of Commerce

Funding in part provided by City of Charleston Tourism Fund

2018
Title Sponsor



Saturday, June 2, 2018

Charleston City Hall • 520 Jackson Avenue • Charleston, Illinois
Timed Bicycle Rides • Staggered Starts at 8:00 AM • Rain or Shine, We Ride!
Race Packets: Pick-Up 5-7 PM on June 1 or 6:30-7:30 AM on June 2

INCLUDES:

T-Shirt with Pre-Registration, Timing Chip, and Race Bib
Professional Photographer • Food/Water Stations • Sponsor Vendors

REGISTER AT:

www.active.com • www.charlestonchamber.com • 217.345.7041

OFFICIAL ENTRY FORM

Event Entering: 12.5 Mile Race 25 Mile Race 50 Mile Race Gender: Male Female Age: _____

First Name _____ Last Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact Name _____ Emergency Contact Phone _____

Shirt Size (Adult Sizes): Small Medium Large X Large XX Large XXX Large

You must register by May 29th to be guaranteed a commemorative T-Shirt.

TOTAL DUE

Pre-Registration Fees: \$30.00 (12.5 Mile Race) \$30.00 (25 Mile Race) \$50.00 (50 Mile Race)

How did you hear about this event? _____

WAIVER IS REQUIRED. Ride will be held rain or shine! Sorry, no refunds.

I understand and agree to absolve all organization, singly and collectively, of all blame for any injury, misadventure, harm, loss or inconvenience suffered as a result of participating in the 2nd Annual Tour de Charleston Timed Bike Ride, June 2, 2018, or any activities associated with said event. I further agree to wear a helmet at all times, to abide by all applicable traffic laws while participating in this event and understand that I am responsible for any observed violation of such laws or other rules of the road. I further understand this is not a closed course; participants are responsible for following the course routes.

Signature of Participant or Parent/Guardian if Participant is under 18: _____

Entries due by May 29th at 4 PM

Mail: CACC, P.O. Box 77, Charleston, IL 61920

Call: 217-345-7041 Fax: 217-345-7042

Email: cacc@charlestonchamber.com

Online: www.charlestonchamber.com

Payment Enclosed Send Invoice
 Credit Card Charge

Card Type _____

Card No. _____

Expiration Date _____ Security Code _____

Zip Code associated with this card _____

OFFICE USE ONLY

Invoice No. _____

Amount _____

Date _____

Check _____

Cash _____