

Saturday September 20, 2014

PARKVIEW
HOME HEALTH & HOSPICE



Team Challenge

Registration

Saturday, September 20, 2014

\$250

 one day team entry & sponsorship.

Ready, Set, Ride!

- Businesses, universities, bike teams and individuals may enter a team (3–6 riders)
- 27 mile on-road course stop-&-go stations along course offer food & drinks for participants
- Entry fee includes event t-shirt and lunch for participants between 11:00 AM & 1:00 PM
- After the team event, riders may also enjoy additional loop courses at no extra cost

Challenge Teams ride on Saturday, September 20th. Team Members do not need to be company employees. Registration opens 8:00 AM at 2824 Theater Avenue, Huntington, IN 46750. Team Challenge starts at approximately 9:15 AM.

View course maps, sponsorship levels, and printable registration forms at www.pathfinderservices.org

Register online: www.pathfinderservices.org

Saturday Events

8:00 AM	Registration Opens
9:00 AM	Welcome
9:15 AM	Team Challenge begins (Tour rides immediately following)
11:00 AM–1:00 PM	LUNCH sponsored by Pizza Hut in Huntington
12:00 PM	Awards

For downloadable PDF of entry forms and course map, visit www.pathfinderservices.org

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This form may be duplicated. Use one form per person, fill the form out completely!

RULES:

Helmets required. Obey all traffic laws.

Participants must sign registration and waiver on day of event. Minors must have a guardian sign a waiver on day of event. Registration opens at 8:00 AM at 2824 Theater Avenue, Huntington, IN 46750. Team Challenge begins at approximately 9:15 AM. All riders must exit course by 2:00 PM.

Registration fee includes course map, food and refreshments at SAG stations, lunch, access to assistance vehicle, and entry in prize raffle. Register by August 27th to reserve an event t-shirt in your size. Medals awarded to first, second, and third place teams.

Questions? Call Pathfinder Services at 260-356-0500 Ext. 3146 or (toll free) 800-833-1571 Ext. 3146 or e-mail Jessica Miller at: jdmiller@pathfinderservices.org

Please print. This information will ONLY be used for notification of Huntington Bicycle Challenge related news.

Name _____ Age _____ (As of 9/21/13) Phone _____

Address _____ City _____

State _____ Zip _____ E-mail _____

Emergency Contact Name & Phone _____

Business/Organization/University _____

Team Name _____ Team Size (3-6 people*) _____

Amount Enclosed: _____

MUST Pre-register to guarantee shirt size

Uni-Sex Shirt Sizes (Please check one):

ADULT:

S M L XL XXL

YOUTH:

S M

Make checks payable to:
Pathfinder Services
2824 Theater Avenue,
Huntington, IN 46750

Signature _____ Date _____