

Ledge View 2010

Year of the Escarpment

Bicycle Tour

SUNDAY, AUG. 1

Enjoy a relaxing pedal through scenic rural areas with views of Lake Winnebago and optional Kettle Moraine.

8 m

Regis.
9:30 am

12 m

Regis.
9:30 am

25 m

Regis.
8:30 am

40 m

Regis.
7:30 am

70 m

Regis.
6:30 am

100 m

Regis.
6:30am

Includes early breakfast, marked routes, maps, cue sheets, sag service, rest stops, catered spaghetti and wine dinner, cave tour. Original design t-shirt available for purchase. Repair service, bike maintenance, sales, Saturday night camping available.

FREE T-SHIRT FOR KIDS 12 & UNDER (ACCOMPANIED BY ADULT) WITH PRE-REGISTRATION.

Prizes for pledges \$25 and up ~ Total team distance competition

Sponsored by Friends of Ledge View Nature Center W2348 Short Rd., Chilton, WI ■ 920-849-7094

Visit us at ledgeviewnaturecenter.org

Brochures available from the nature center or your local bike shop.



Ledge View Escarpment Bicycle Tour Registration Form

USE SEPARATE FORM FOR EACH ENTRANT. May be duplicated. Fees must accompany all registrations. No refunds. Riders under 18 must have signature of parent or guardian. Riders under 15 must be accompanied by adult. HELMETS ARE REQUIRED.

- \$5 per person Saturday Night Camping
- \$10 T-Shirt Adult: S M L XL XXL
Youth: S M L

Pre-Registration Fees (till July 17)

- \$45 Family
- \$20 Individual
- \$18 Individual in team of 3/+
- \$18 Friends of LVNC Member
- \$18 College Student
- \$10 High School Student or younger

Registration Fees (after July 17)

- \$55 Family
- \$25 Individual
- \$22 Individual in team of 3/+
- \$22 Friends of LVNC Member
- \$22 College Student
- \$12 High School Student or younger

Total amount included \$ _____

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Participant Signature _____

Parent/Guardian Signature _____

Emer. Phone No. _____ Relation _____

Route Choice (circle one): 100-mile 70-mile 40-mile 25-mile 12-mile 8-mile

Team total distance competitor

Team Name _____

Contact Person _____

Number of Team Members _____

PARTICIPANT WAIVER

In signing this form for myself (or as a parent or guardian of a minor, if applicable), I clearly understand that although the organizers of the Ledge View Escarpment Bicycle Tour have exercised due care to ensure the safety of the participants, there are those factors present including traffic, other cyclists, weather, livestock, etc., whose actions are beyond the control of the sponsors. I agree to absolve all the sponsors, promoters, volunteers, and Calumet County employees, whether individuals or organizations, of all blame for any injury, misadventure, harm, loss, or inconvenience suffered as a result of taking part in the Ledge View Escarpment Bicycle Tour, or in any of the associated activities. In addition, I agree to emergency medical treatment in the event of injury or illness. I will abide by all traffic laws and regulations, and practice bicycling safety at all times.

Mail with total fees payable to Friends of Ledge View Nature Center

P.O. Box 54, Chilton, WI 53014