11- Legged Lake Tour Registration Form (Individual or Family)

Deadline to register by mail is 8/15/20

| Route Choice (Please Circ | le): 6 míle loop | Mountain Bike Trail | |
|--|------------------------------|--|--|
| Macomb Orchard Trail | Clinton River Trail | Clinton River/Paint Creek Trail | |
| Name(s) – Please print cle | early | Please print clearly | |
| 1 | | Address | |
| 2 | c | City | |
| 3 | S | tate & Zip | |
| 4 | P | Phone | |
| | E | mail | |
| <u>Individual</u> | | Family (maximum 4) | |
| \$35 (until July 25 th) \$ | | \$75 (until July 25 th) \$ | |
| \$40 (AFTER July 25 th) \$ | | \$80 (AFTER July 25 th) \$ | |
| \$10 child 6-12 \$ | | | |
| | | | |
| T-Shi | rt: \$10 (please wri | te quantity) | |
| SM MED_ | LG | XL XXL | |
| | | | |
| Make check pu | ayable to: 11 | Legged Lake Tour | |
| nnot ride/walk on August 22 nd ; howe | ever I am enclosing a tax-de | eductible donation in the amount of \$ | |
| Mail form/payr | 5093 Chippe | | |
| STAFF USE ONLY: Pre-Registered | d Cash | Check Total Amount | |