

REGISTRATION APPLICATION

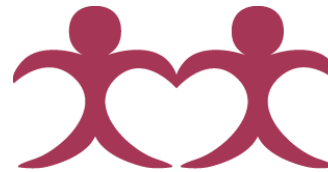
Date of Event: Sunday, October 3, 2010

Registration Fees:

Family Ride - \$25 per individual and \$50 per family.

20 Miler - \$50 per individual

Metric Century - \$100 per individual



Joseph E. Enright Foundation

Health Through Education

REGISTER ONLINE @ www.josephenrightfoundation.org/trek OR mail:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone () _____ Email: _____

Emergency Contact Name/Phone#: _____

Family Ride
\$25/Individual or \$50/Family

20 Miler
\$50/Individual

Metric Century
\$100/Individual

For Family Ride, specify names of additional riders:

Name: _____

Name: _____

Name: _____

I would prefer (check one): Shirt Size: S L XL

For Family Registration, Additional Rider Shirt Size: S L XL [2 Shirts max. per Family Ride]

I have enclosed a check payable to the "Joseph E. Enright Foundation": \$_____

Please charge my registration fee to my: M/C VISA

Please Print:

Cardholder Name: _____

Card Number: _____

Security Code: _____ Exp Date: _____

Cardholder Signature: _____

By signing and returning this registration form you agree to the following:

I am committed to make a best made effort to raise donations for the event along with the submission of the registration fee and accompanying payment via my check, VISA or MasterCard credit card. On October 3, 2010, day of the ride, I will turn in any donations I received directly which I understand will be added to sponsored donations received on-line by the Enright Health TREK 2010 committee for my total donation goal. The non-refundable registration fee will be applied to the donation goal.

Waiver: I, the below named participant, agree that I will abide by the rules and regulations of the Joseph E. Enright Foundation. In consideration of the participant's participation in the programs, intending to be legally bound, hereby release and indemnify the Joseph E. Enright Foundation, the owners and operators of the facilities used for the programs, and each of their respective directors, officers, employees, volunteers, agents and representatives from and against all claims, liabilities, damages, or causes of action arising out of or in connection with the participant's participation in the programs. I further grant the Joseph E. Enright Foundation the right to use the participant's name, picture, and/or likeness in printed, broadcast and other material concerning the programs provided such use is related to the participant's status as a participant in the programs.

If the rider is a minor, a written authorization is required to be provided on the date of the event before he or she can start the event.

Signature of Rider/Parent/Guardian: _____

Mail completed and signed form & registration fee/payment information to:

Joseph E. Enright Foundation / TREK 2010 / P.O. Box 519 / Summit / NJ / 07902-0519

For more information, call 908-464-0277 or visit our website: www.josephenrightfoundation.org/trek.