



**Saturday
May 13, 2017**

Organized by:

A fitness center for everyone
Wellness Center
912-383-6988

**Coffee High School
Technology Student Association**

**Post Ride
SHRIMP & GRITS**



Come join us on a scenic bike ride that highlights South Georgia! This years ride will incorporate family-friendly rides and a 40 mile bike race for those who want a little competition. Proceeds from this event support the Cardiac Rehab Scholarship program.

Charity Rides: 20-40-60-100 -Miles Cut off time for all rides 3:00pm

Early Registration: \$35.00 thru Thursday, May 11th

Team Registration (club of 8+) Early Registration \$30; Late Registration (day of) \$40.00;

Packet pick-up: 7:00– 7:45am; Ride & Race promptly begins at 8:00am

Refreshments provided at rest stops; Food served at the end of ride; Sag provided.

- T-Shirt guaranteed to all Preregistered Riders.
- Start Location: Coffee Regional Medical Center– 1101 Ocilla Road, Douglas, GA 31533

Visit www.coffeeregional.org/wellness-center/events

Registrations can be mailed in with check or cash. Register over the phone with a Credit Card (visa or mastercard)

Race: 40 Miles

Overall Male & Female

\$200 each

**Top 3 Male & Female
finishers receive a
1st, 2nd, or 3rd place
Trophy**

First Name: _____ Last Name: _____

DOB: ____ / ____ / ____ AGE: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell: _____ **Shirt Size** _____

Make Checks Payable to: Cardiac Rehab Scholarship.

Mail to: CRMC Wellness Center, 200 Doctors Drive, Suite 222, Douglas, GA 31533.

In consideration of this entry, I waive all claims for myself and my heirs against any and all officials, volunteers, staff, &/ or sponsors of the 2017 Big Heart Charity Ride Event, for injury or illness which may directly or indirectly result from my participation. I further state that I am in proper physical condition to participate in the event and/or activities associated with this event.

Advanced Registration Only

____ 20 Mile Ride

____ 40 Mile Ride

____ 60 Mile Ride

____ **40 Mile Race**

____ 100 Mile Ride

____ \$ Tax Deductible Donation

Participant Signature or Legal guardian of Youth under age of 18

Date