

AGONY RIDER APPLICATION

Friday, July 30-Saturday, July 31, 2010

After filling out form, save to your computer, then:

Attach filled-out form to an email and send to cem@christianencounter.org

or print form and mail to :

Christian Encounter Ministries' Agony Ride

P.O. Box 1022

Grass Valley, CA 95945

(530) 268-0877

Print clearly:

Name _____ Age 18 or older yes

Address _____

City _____ State _____ Zip _____

Email address _____

Phone (Home) _____ (Work) _____ (Cell) _____

The best time to reach me by phone is: Day(s) _____ Time(s) _____ Phone _____

or: Day(s) _____ Time(s) _____ Phone _____

Person(s) to notify in case of illness or injury:

Name _____ Relationship _____

Address _____

Phone (Home) _____ (Work) _____

or

Name _____ Relationship _____

Address _____

Phone (Home) _____ (Work) _____

Doctor _____ Phone _____

Address _____

If this is your first Agony ride, how did you hear about it?

(over please)

Describe your riding experience and daily riding habits (training)

My mileage goal for the Agony is: _____ miles. (Average riders go 150-225 miles; very strong riders may go 300-350 miles.)

If there are other riders you would like to partner-ride with during the Agony, list them here.

In your own terms, define what it means to be a Christian:

I have made a commitment to Christ. Yes No Considering

I attend church. Never Occasionally Regularly

T-shirt size: 2X X-Large Large Medium Small

For both logistical and safety reasons, please do not bring anyone under the age of 18 (even if they are good workers or accompanied by an adult planning to just watch them). If everyone brought one child, we could have 150 kids! There simply is not enough room or supervision, and the bikers (that's you!) need all the sagers' undivided attention. Thank you for your cooperation.

I understand the above paragraph and will not bring anyone under 18 to the event. **Initials:** _____

I know that the primary purpose of this ride is to raise money for Christian Encounter Ministries to help disadvantaged youth. I will raise sponsorships totaling at least \$300.00 for Christian Encounter Ministries. (My sponsorship goal is \$_____.) I have no known physical illnesses or disabilities that would make it dangerous for me to participate in this event.

Signature _____ **Date** _____