Name_							Sharen Sharen		One (1) entry per form be reproduced. P	lease PRINT!
Birthda	te			_ Age_			ATCINAL SA	AUTAL S	Registration March 8 – Ma (Or until 300	y 21, 2011
Addres	S							•	limit is rea	ached.)
City						State			ZIP	
Home F	Phone		Cell	Phone	(during th	e Ride)				
E-mail				_ 🖵 Ple	ase DO No	OT use my	e-mail ad	ldress for futur	e communication/co	nfirmation.
lf unde	r 18, name of responsible adult						_ 🛛 Che	eck here if you	require a non-meat n	neal option.
How di	d you learn about the 2011 Katy Tra	il Ride?								
If you are flying in from out of state and would like to ship your bicycle, please call 800-334-6946 for bicycle shipping instructions.										
REGIST	RATION FEES (check one)									
Full Tot	 Adult Full Tour (Tandems: An entry fee/registration form is required) Indicate shirt size. (Adult Sizes) Child Full Tour Indicate shirt size. (Adult Sizes) Family Rate Full Tour (Any combination of husband, wife and children) 	S S n 14 years o S	M M and under. M M	L L laximum fo	XL XL bur people. R XL	XXL XXL egistration fo XXL	orm is requir	red for each rider.)	\$225	
🗆 Non-	rider							num	nber of days x \$50	
	Circle the day(s) you plan to partie	cipate	June	20	21	22	23	24		
ΟΡΤΙΟΙ	NAL SERVICES									
Transpo	ortation									
	Advance shuttle: From St. Charle									
	Return Shuttle: From St. Charles									
	Round Trip: From Columbia to C									
Week-long hotel shuttle\$75 Daily hotel shuttle: Circle the location(s) you plan to use the hotel shuttle										
	Clinton (Sun./Mon.) Sedalia (Mo									
							ville (Thurs./Friday)			
Additional t-shirt: Indicate shirt size. (Adult Sizes)					S	M	L	XL	XXL\$10	

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and the second	SUB TOTAL (from other side)								
OPTIONAL TOUR Tour Warm Springs Ranch, Boonville									
world headquarters of the Budweiser Clydesdale breeding ope	eration, June 21 \$25								
LATE FEE - AFTER MAY 21									
🗅 \$25 late fee for full-tour\$2									
🗅 \$10 late fee per day for day trip	number of days x \$10								
Donation to Missouri State Parks 🗆 \$5 🗅 \$10 🗅 \$25 🗅 \$50 🗅 \$100 🗅 Other \$									
	TOTAL AMOUNT DUE								
PAYMENT									
Make checks payable to and mail registration form to:									
Missouri State Parks Foundation P.O. Box 104313									
Jefferson City, MO 65110-4313	For Office Use Only								
Or pay with MasterCard or Visa	Amount Received \$								
Card Number									
Card Type Exp. Date Cardholder's Signature									
PARKING									
Week long parking is required at 🛛 Clinton 🕞 St. Charles 🕞 Colur	mbia								
Vehicle Make Model	License Plate Number								

I understand the danger inherent in bicycling on roadways shared with motor vehicle traffic and participating in events such as the Katy Trail Ride. I understand that serious accidents may occur and could involve mortal or serious personal injuries or property damage. I understand there may be hazards such as motor vehicle traffic, other cyclists or weather that are beyond the control of the organizers.

Acknowledging such risks, I hereby release the Missouri Department of Natural Resources, Missouri State Parks Foundation and other affiliated organizations, sponsors, promoters and public entities (including agents, volunteers and employees) from any and all liability arising out of or connected in any way with my participation in this event, even though such liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. This release and assumption of risk shall be binding to my heirs and assigns.

I further agree to follow all applicable traffic laws and rules for the event, and to conduct my activities in a safe and prudent manner.

If participant is under 18, signature of legal guardian is required.

Rider's Signature____

Parent's Signature

(If the rider is under age 18.)

___ Date ___

Date_____