

Kishwaukee DeKalb Kiwanis Club
Biking with Beanie

Registration Form

(Please print clearly)

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

E-mail _____ Phone _____

Adult Registration Early Bird (Thru 7-1-26) **\$35/each** \$ _____

After 7-1-26 or on-site **\$50/each** \$ _____

Youth 12 and under (free with adult rider)

Beanie Bike Jersey \$65/each - indicate size(s) below \$ _____

Special order with payment **by June 4** to pick up the day of ride.
Primal Wear jersey fits close to body. For looser fit, order one size larger.

Mens: ___ XS ___ SM ___ MD ___ LG ___ XL ___ 2XL ___ 3XL

Womens: ___ XS ___ SM ___ MD ___ LG ___ XL ___ 2XL ___ 3XL

Optional donation for pathways & local charities \$ _____

TOTAL: \$ _____

T-shirts will be available on site for \$5.00 each, while supply lasts.

Participant Waiver Agreement & Assumption of Liability

In signing this form for myself and any participants under 18 years of age, I hereby release and waive all claims against the Kishwaukee DeKalb Kiwanis Club of DeKalb, Illinois, its officers, members, Beanie volunteers and sponsors for all damages incurred during the event or travel to or from the event for myself, my heirs or executors or any child for whom I am assuming responsibility. I will abide by all traffic laws and regulations and practice courtesy and safety while cycling. I consent to photos taken at this event to be used for Beanie marketing.

Names of Child Riders (if applicable)

Signature of Participant, Parent, Guardian or Responsible Person Date

Make checks payable to Kiwanis Biking with Beanie.

Mail To: Kishwaukee DeKalb Kiwanis Club, PO Box 1007, DeKalb, IL 60115

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