

"Ride 4 aBreast"



All proceeds to benefit the Cancer Care Centers Foundation

Sunday, October 12, 2014 7:45 AM
6300 North Wickham Road, Melbourne 32940

Register Online at www.cccfoundationinc.org



Join us on Sunday, October 12th, for a scenic ride through central Brevard County to support those who are fighting breast cancer, to celebrate those who have survived and to remember those we have lost. This year the event includes a 50 mile option starting at 7:45 AM, 30 mile option starting at 8:00 AM, 8 mile option beginning at 8:30 AM and indoor spin class will start at 9:00 at Club Performax.

In addition to the ride, we will have our fantastic raffle and we invite everyone to participate in **"Gussy Up the Girls"** bra decorating contest with a best ladies and men's categories. So, start working our decorating that plain old jog bra into one great piece of art to celebrate those Ta Tas.

Registration is \$40.00 to be guaranteed a Ride 4 aBreast t-shirt please be registered no later than Monday, September 29th. Registration is \$45 on October 12th.

Online registration at www.cccfoundationinc.org or mail to the address specified. October 10th and 11th you may register at Revolutions Cyclery between 1 PM and 6:00 PM or "day of" registration will be at Club Performax starting at 6:30 AM.

No refunds. We ride rain or shine. Minors must be accompanied by parent or legal guardian at **all** times. Helmets are **REQUIRED**, no head phones and please obey the Florida cycling statutes and share the road.

RIDE 4 ABREAST ENTRY FORM: (one form per rider, please duplicate this form as needed)

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____

Email: _____

Gender: Male Female Date of Birth: ___/___/___

Emergency Contact Name: _____

Emergency Contact Phone: _____

I plan on riding: 8 Mile 30 Mile 50 Mile Spin Class

Shirt size/chest size: XS SM MD LG XL XXLG

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED In consideration of my entry being accepted, I intend to be legally bound and hereby for myself, my heirs and executors waive all rights and claims for any damages which may hereafter accrue to me against the sponsors, officials, volunteers & supporters of this cycling event and event representative, successors or assigns for any and all damages and injuries which may be sustained and suffered by me in consideration of my association with an entry of participation in the Ride 4 aBreast. If I should suffer injury or illness I authorize the officials of the race to use their discretion of have me transported to a medical facility and I take full financial and legal responsibility for this action. I attest and verify that I am physically fit and have my physician's permission to participate in this race. I hereby grant full permission to any and all of the forgoing to use any photographs, email, videotapes or any other record of this event for any purpose of the event whatsoever. I have read the above release and understand that it presents a risk of physical injury, knowing this I am entering this event at my own risk.

Signature (must be 18 or older): _____ Date: _____

Registration Fee (\$40; After October 9th \$45): \$ _____

Spin Class (\$25): \$ _____

Additional Donation: \$ _____

Additional Family Breakfast (\$7.50): \$ _____

Total: \$ _____



Please complete and return this form with your check payable to: CCCF, 6300 N. Wickham Road, Suite 135, Melbourne, FL 32940