



Sioux Center, IA

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

PHONE: _____

ROUTES:

- 30-mile route (paved)
- 30-mile route (gravel)
- 60-mile route (paved)

Please include names, age, gender and T-shirt size for EACH participant.

NAME	Age	M/F	T-shirt size (circle)
			Adult (Men's): S M L XL 2XL Adult (Women's): S M L XL 2XL
			Adult (Men's): S M L XL 2XL Adult (Women's): S M L XL 2XL
			Adult (Men's): S M L XL 2XL Adult (Women's): S M L XL 2XL
			Adult (Men's): S M L XL 2XL Adult (Women's): S M L XL 2XL
			Adult (Men's): S M L XL 2XL Adult (Women's): S M L XL 2XL
			Adult (Men's): S M L XL 2XL Adult (Women's): S M L XL 2XL

FEES:

\$25 through May 30

\$35 after May 30

Total Amount Enclosed: _____

DROP OFF OR MAIL TO:

Promise Community Health Center
338 1st Ave. NW
Sioux Center, IA 51250