

REGISTRATION FEE

\$30 per person through August 7

\$35 per person after August 7 and day of

Riders 15 years and under must be accompanied by an adult.

EARLY REGISTRATION DEADLINE

\$30 per person through August 7, 2010

You may register at [www.daviecycling.com](http://www.daviecycling.com)

For additional information, visit our website at [www.daviecycling.com](http://www.daviecycling.com) or contact Eric Phillips at [daviecycling@gmail.com](mailto:daviecycling@gmail.com)

**Location:**

**Masonic Picnic Grounds  
644 N. Main Street  
Mocksville, NC 27028**

**Directions:**

From I-40:

- Take exit 170 toward Mocksville
- Continue to follow US-601 N
- Turn left at South Main St./US-601
- Continue to follow South Main St.
- Turn right on Poplar Street
- Parking lot is on the left



**Davie Cycling  
Association**

[www.daviecycling.com](http://www.daviecycling.com)

&



*Hospice & Palliative*  
**CARE CENTER**

Hospice . . .

It's not about giving up hope.  
It's about letting HOPE in.

Hospice & Palliative  
CareCenter is proud to be  
serving Davie and surrounding  
counties for over 31 years.

Food provided by:

**Moxie's Bar**

**Davie Cycling Association's**

**2nd Annual**

**TOUR OF DAVIE**

**to benefit**



*Hospice & Palliative*  
**CARE CENTER**

**Saturday, August 14, 2010**



8:15am

20, 40 & 70 mile routes

Beautiful Scenic Routes!

Good Friends!

Great Food!

**Masonic Picnic Grounds**  
644 N. Main St. • Mocksville, NC 27028

## Come Take a Beautiful Bike Tour of Davie County

**Sign In:** Participants should sign in and pick up ride packets between 7:00am and 8:00am at the Shelter.

**Start:** Ride will start at 8:15am with the 70 mile riders. The 40 and 20 mile riders will follow at 8:30am.

**Routes: 20, 40 and 70 mile routes** will be offered with the start and finish at the Masonic Picnic Ground. All courses have some rolling hills with a few minor climbs throughout. Rest stops will be located approximately 15 miles apart along the course. Sag support and rest stops will be available until 1:30pm.

**Refreshments:** A wide variety of refreshments will be available at each rest stop and lunch, provided by **Moxie's Bar** of Mocksville, will be served at the finish.

**Early Registration:** All who register by August 7 will receive a T-shirt in their goody bag the day of the event. Participants may register via U.S. mail (see attached Entry Form) or at [www.daviecycling.com](http://www.daviecycling.com).

### 2nd Annual **TOUR OF DAVIE** to benefit



*Hospice & Palliative*  
CARE CENTER

## Tour of Davie Bike Ride Entry Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Phone (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

T-shirt Size (Adult sizes only)  Small  Medium  Large  X-Large  XX-Large

Email address: \_\_\_\_\_

### REGISTRATION FEE:

\$30.00 through August 7      \$35.00 after August 7 and day of ride

**We ask that all children under the age of 15 be accompanied by an adult.**

Registration Fee Enclosed \$ \_\_\_\_\_

ASSUMPTION OF RISK: I am aware that participation in the Tour of Davie Bike Ride is dangerous and I am voluntarily participating in this activity with knowledge of dangers involved and hereby agree to accept any and all risks of injury or death suffered by me as a result of my participation in this activity. I release the Davie Cycling Association, Hospice & Palliative CareCenter and all sponsors from any claim for injury that may result. ***I understand that an "Ansi/Snell" approved helmet MUST be worn by me at all times on the course.*** I understand that this is not a closed course and I must abide by the rules of the road. I hereby give permission to Davie Cycling Association to use my name and any photographs taken of me during the event in any promotional materials or publications. I certify that I have read this waiver and release and understand its significance. **NO REFUNDS.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Signature of Parent/Guardian if Under 18 Years of Age

Make checks payable to: Davie Cycling Association OR Register online at [www.daviecycling.com](http://www.daviecycling.com)

Mail completed form to: Davie Cycling Association, PO Box 41, Cooleemee, NC 27014

**ALL PROCEEDS GO TO SUPPORT: Hospice & Palliative CareCenter**