

# Bike for Life 2017

# Sponsored Biker Form

**My Goal Is:**

\$200

\$300

\$500

\$1000

\$ \_\_\_\_\_

Biker's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

T-shirt Size:  **Small**  **Medium**  **Large**  **XL**  **XXL**

Please **PRINT** all information legibly and bring this completed form with you to the event. Visit [www.crossroadspregnancy.org](http://www.crossroadspregnancy.org) to print additional sponsored biker forms.

For Office Use Only	

To register, please go online to [www.CrossroadsCareCenter.org](http://www.CrossroadsCareCenter.org) or call Alex at 248.293.0070 x107. Register by August 31st and receive a free Bike for Life T-shirt.

First	Last	
Address		
City	ST	Zip
<input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID <input type="checkbox"/> Cash <input type="checkbox"/> Check		

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