



Pasta 58

2012

BENEFIT RIDE

To benefit the
12th Street Community Center

Date: **Saturday, April 28, 2012**

Location: 12th Street Community Center
1002 West 12th Street
Junction City, KS
785-238-7529

58 Mile Bocce Ball Road Ride	\$35.00
58 Mile Meatball Madness Gravel Ride	\$35.00
16 Mile Pizano Ride	\$25.00

On site registration (additional \$5.00)	7:00 - 8:00 am
Departure for Bocce and Meatball Madness	8:00 am
Departure for Pizano	8:30 am

Take part in the SAG stop Bocce Ball tourney and win a fabulous prize!
Support Stops will provide water, Gatorade, granola bars, fruit, and Fig Newtons.

A pasta meal will be provided by Pizza Hut at the completion of the ride.
A raffle will be held with great prizes provided by Big Poppi Bicycle Co.

Bike maintenance and
repair provided by:



REGISTER

Call to register :
785-238-7529



Registration: (one per person)

Name _____

Address _____

Email _____

Phone _____ DOB _____

Bocce Ball Road Ride ___ Meatball Madness Gravel Ride ___ Pizano Ride ___

Check Enclosed _____

Credit Card Information:

Visa, Master Card number: _____

Exp Date: _____ CVV _____ (3 digit number on back of card)

Signature _____

Make checks payable to **Junction City Parks and Recreation**

Mail completed form to:

Junction City Parks and Recreation
Attn: Donna Swihart
1002 W 12th Street
Junction City, KS 66441

To Register by phone, call: 785-238-7529 Monday – Friday 12:00 – 5:00 pm

And mail waiver form to address listed above

Waiver:

I understand that I may be injured while bicycling or otherwise participating in this event, and I agree to be responsible for my own actions. I hereby for my self or my child or my heirs, executor, administrators, waive and release any and all rights and claims for damages I or my child may have against the board members, employees and volunteers from the City of Junction City, Kansas. I agree to indemnify and hold harmless the above-mentioned parties from any claims for injury or damages which I or said minor may sustain. I consent to emergency medical treatment in the event of injury.

Signature _____

Date _____