



Stationary B.I.K.E. Race Team Roster

Please print or type the information requested on the form and send it to the Colburn National Foundation no later than March 20, 2009.

Fax: 518-226-0258
Mail: The Colburn National Foundation
270 West Circular Street
Saratoga Springs, NY 12866

Team Name: _____

1. Team Captain

Name: _____ T-Shirt Size*: _____
Address: _____
Email: _____
Phone: _____

2. Team Member

Name: _____ T-Shirt Size*: _____
Address: _____
Email: _____
Phone: _____

3. Team Member

Name: _____ T-Shirt Size*: _____
Address: _____
Email: _____
Phone: _____

4. Team Member

Name: _____ T-Shirt Size*: _____
Address: _____
Email: _____
Phone: _____

*T-Shirt Sizes: Adult (S, M, L, XL)

By signing this form, I agree to collect donations for the Stationary B.I.K.E. Race on behalf of the Colburn National Foundation. In order to participate in the event, I pledge to collect a minimum sponsorship amount of \$50.00 per cyclist or \$200.00 per team.

I understand that in failing to meet the minimum pledge and/or failing to submit collection by March 28th may result in my team forfeiting the event.

Team Captain Signature: _____