

# Chocolate Tour

August 1, 2020

## EVENT REGISTRATION FORM

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Team name: \_\_\_\_\_

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

City & State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**RUNNERS ONLY:** GENDER \_\_\_\_\_ AGE \_\_\_\_\_

Shirt Size (circle one): S M L XL 2XL 3XL  Decline Tee

(Shirts or specified shirt size not guaranteed if registration received after 7/7/19)

**Cycling Jersey:** I would like to purchase a 2020 Chocolate Tour Cycling Jersey .....\$90

Shipping charge if ordered after 6/10/2020..... With shipping charge (\$8) \$98

**\*\* Not guaranteed to arrive by August 3<sup>rd</sup> if ordered after June 10, 2020-add shipping sizing** (see website for size chart)

Circle one:  X-Small  Small  Medium  Large  Extra Large  2XL  3XL

I will be participating in the following event: (Registrations received after 7/6/20 or On-the-Day of the event, please add additional fee. Online and Mail in registrations close 7/20/2020) Mail in registration should be received no later than 7/20/20 ensure registration is counted.

	January-7/6/20	7/7-7/29	8/1/20		January-7/7/19	7/8-7/227	8/3/19
<input type="checkbox"/> 100 mile cycling event.....	\$45	\$55	\$65	<input type="checkbox"/> 30 mile cycling event.....	\$45	\$55	\$65
<input type="checkbox"/> 75 mile cycling event.....	\$45	\$55	\$65	<input type="checkbox"/> 10 mile cycling event.....	\$45	\$55	\$65
<input type="checkbox"/> 50 mile cycling event.....	\$45	\$55	\$65				
<input type="checkbox"/> 5K RUN/RACE .....	\$40	\$50	\$60	<input type="checkbox"/> 10K RUN/RACE .....	\$40	\$50	\$60
<input type="checkbox"/> 5K WALK.....	\$35	\$45	\$55	<input type="checkbox"/> 10K WALK.....	\$35	\$45	\$55
<input type="checkbox"/> I would like to volunteer for the event. Please contact me at _____							

I am not able to participate in the event, but I would like to donate the following amount: \$ \_\_\_\_\_.

**Payment:** Enclosed is a check for the total amount of \$ \_\_\_\_\_ made payable to Penn State.

**Please mail to:** Teah Batdorf, Penn State Hershey Cancer Institute, 500 University Drive, MC CH74, Hershey, Pa 17033

**Please note:** The event will take place rain or shine - NO REFUNDS will be provided.

**Please read and SIGN waiver to participate:** I understand that participation in this type of event presents certain risks and hazards that may result in harm to my child or me. In consideration of my participation in this event, I hereby agree to release, discharge and hold harmless, on behalf of myself or my minor child, Pennsylvania State University, Penn State Milton S. Hershey Medical Center, their respective trustees, officers, agents, and employees, from all causes of action, liabilities, damages, and/or suits or demands whatsoever, resulting or arising from my or my minor child's participation in this event.

**Signature of entrant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Parent/ Guardian MUST sign if under 18 years of age.**

Internal Notes:

(CHECK ONE) Paid:  cash  check # \_\_\_\_\_  other/notes \_\_\_\_\_ # of registrations/payment \_\_\_\_\_

For more information go to:

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