



Charity Motorcycle Ride Registration Benefits the Kaufman Cancer Center



Event Date & Time: Sunday, October 1, 2023@ 10:00 registration & line up (Ride starts 11:00am)

Event Starting Location: Eisenhower's Harley Davidson 4600 Thunder Ct. Darlington Md., ride will end at Festival Park, Aberdeen Md.

Questions: Contact Vickie Horne at 410-272-2580 or e-mail Director@aberdeence.org

Registration Fees (all registration fees are non-refundable. **Registration on our before 9/17/2023**)

<input type="checkbox"/> Motorcycle Rider	\$20.00	<input type="checkbox"/> W/Crab Feast Ticket	\$60.00
Shirt Size	Sm M L	XL XXL XXXL	

<input type="checkbox"/> Motorcycle Rider w/Passenger	\$30.00	<input type="checkbox"/> W/Crab Feast Ticket	\$80.00
Shirt Size	Sm M L	XL XXL XXXL	

Registration after 9/17/2023 (t-shirts – limited availability)

<input type="checkbox"/> Motorcycle Individual	\$30.00	<input type="checkbox"/> w/crab feast ticket	\$70.00
<input type="checkbox"/> Motorcycle Rider w/Passenger	\$40.00	<input type="checkbox"/> w/crab feast ticket	\$90.00

Waiver: In consideration of my entry in the Think Pink Charity Motorcycle Ride, I hereby waive, release & discharge any and all claims for damages, injury and property damage, which I or my successors may have, or which may hereafter occur to me as a result of my participation in this event. This release is intended to discharge in advance the promoters, sponsors, and all municipalities and public entities (and their respective agents and employees) from and against any and all liability arising out of or connected in any way with my participation in the event. I understand the risks involved in participating in such an event. I hereby agree to assume those risks and to release and hold harmless all those persons or entities mentioned.

Riders Name (Must be 18 years or Older): _____	
Address: _____	City: _____ State: _____ Zip: _____
Phone: _____	Email: _____
Emergency Contact: _____	Phone: _____
Signature of Rider: _____	Date: _____
Passenger Name: _____	
Emergency Contact: _____	Phone: _____
Signature of Passenger: _____	Date: _____

**Please fill form out completely, make checks payable to Aberdeen Chamber of Commerce.
Mail to Think Pink 1013 Beards Hill Rd. Ste 426. Aberdeen, Md. 21001**