

SUNDAY, MAY 18, 2003

The ALS Association, Massachusetts Chapter, Inc Presents The 9th Annual Positive Spin Ride

- All riders **MUST** wear a helmet
- Registrants **MUST** be at least 12 years old to ride.
- Riders between 12–16 yrs old may participate in the 10 or 25 mile route and **MUST** be accompanied by an adult
- **EACH** family member **MUST** complete a registration form
- Cyclist must arrive at least 30 minutes prior to the ride start (45 minutes if not pre-registered)
- Pre-registration (postmarked or completed by 5/11/2003)
By credit card via internet

RIDER INFORMATION

LAST NAME _____ FIRST NAME _____
ADDRESS _____ CITY/TOWN _____ STATE _____ ZIP _____
PHONE _____ E-MAIL ADDRESS _____
GENDER _____ DOB _____ AGE _____ T-shirt size: M L XL

- I cannot ride, but would like to volunteer I cannot ride, but please accept my donation _____
 I participated in the Positive Spin for ALS 2002 2001 (called Ride 4 ALS in 2001)
 I am registering to ride and would also like to do additional fund raising.
Please send me the Positive Spin fund raising kit.

Emergency Contact Information

NAME _____
PHONE _____

Team Information

- I am registering as part of a team

TEAM NAME _____

REGISTRATION INFORMATION • Early Registration Postmarked before 5/12/03

- George's Ride** 10 miles **Pete's Ride** 25 miles **Ken's Ride** 50 miles **Scott's Ride** 100 miles

ONLINE

www.positivespinforals.org

Credit cards:

Visa, Mastercard, Amex

Individual \$50
Family \$65

BY MAIL

Check or credit card
by mail/make checks payable to:
Positive Spin for ALS.

Individual \$60
Family \$85

DAY OF REGISTRATION

In person by cash,
check or credit card

Individual \$70
Family \$95

PAYMENT INFORMATION • Registering by mail (postmarked before 5/12/03)

1. PLEASE FILL OUT THE PAYMENT INFORMATION
2. MAIL THIS FORM AND PAYMENT TO:

Positive Spin for ALS, 75 McNeil Way, Suite 201, Dedham, MA 02026

PAYMENT SUMMARY Note: Registration and merchandise fees are NOT tax deductible.

- Check here if part of family registration

Names of other family members (each must complete this form):

REGISTRATION FEE ENCLOSED: \$ _____

- My check is enclosed payable to Positive Spin for ALS

Please charge my Visa Mastercard American Express Discover

Card # _____ Expiration Date _____

Authorization Signature _____

Please send me a fundraising kit