



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

11th Annual Tour De Tifton Ilse Boyette Memorial Bike Ride
SATURDAY MARCH 27th , 2021
 Rides available for all levels 11,25,45,62,100 mile

Routes: 11, 24 ,45, 62 and 100 mile
TIME: 7:00 am-7:30 am registration
 Mass start at 8:00 am
 (Social Distance at Start & Finish)
Location: Tiftarea YMCA Hunt Park Campus
 1823 Westover Rd. Tifton, Ga 31793

Courses:
 Gently rolling countryside in the Tifton area.
 Beginner's 11 mile course, intermediate level 24
 & 4 mile loops, and 62 & 100 mile century routes.

Registration:
 Online Registration www.tiftareaymca.org
 Or in person at the Tiftarea YMCA Main Building

Cost:
 \$35 through March 17, 2021
 \$45 through March 26, 2021
 \$50 on Event Day March 27, 2021
 T-shirt guaranteed with registration
 by March 17. Refreshments at
 SAG stops and a post-ride meal
Hotel:
 Hilton Garden Inn
 201 Boo Drive, Tifton, Ga 31793
 229-382-8484
 (Mention Tour De Tifton when booking)
Cut Off Time: riders must finish within 7 hrs.

Proceeds benefit Tiftarea YMCA Missions and Outreach Programs and the Ilse Boyette Book Fund at TRMC.

Further Information Contact: Tiftarea YMCA at 229-391-9622 or www.tiftareaymca.org
Helmets are required to ride!

RIDER'S NAME _____

SEX ___ AGE: ___ DOB ___/___/___ ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ EMAIL _____

CELL PHONE _____ HOME PHONE _____ DISTANCE RIDING 11 25 45 62 100

T-SHIRT SIZE
 S M L XL XXL

EMERGENCY CONTACT _____ EMERGENCY PHONE _____

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

Release: In consideration and acceptance of this entry, I, the undersigned intending to be legally bound, hereby waive any and all claims for myself, my heirs, and executors/administrators, against the Tiftarea YMCA and/or officials, hosts, organizers, or sponsors of the Tour de Tifton Century Bike Ride for injury, illness, or death which may directly or indirectly result from my participation. I further attest that I am in proper physical condition to participate in this event. I give my full permission for the event organizers to use of my name and photograph in any broadcast, telecast, website or any other visual, oral or written account of the event for any purpose and for free.

 PARENT/GUARDIAN SIGNATURE DATE EMERGENCY CONTACT