

REGISTRATION FORM

Location of city of leg you will ride _____

Name: _____

Address: _____

City/State/Zip: _____

Phone/day: _____ eve: _____

Email: _____

Age: _____ Sex: Male _____ Female _____

A beautifully designed commemorative patch
will be presented by Cookie to each rider

Participating as: _____an Individual _____a team

Name of Team: _____

Captain of Team: _____

Send team members with above information along with registration form & fees

Company name: (Optional) _____

Entry fee: \$15.00 individual
\$12.00 per team member
(minimum per team - 3)

Make checks payable to:
New Life Mobility Assistance Dogs

Send registration form along with payment to:

**Wildcat Ridge Riders
1255 Wildcat Ridge
Deep Gap, NC 28618**

*** Join Cookie or other rescued dogs in a leg in your area of:**

“CYCLING THE CAROLINAS FOR NEW LIFE”

*** Organize a Team to ride in a leg of the cycling event**

*** Join others in the COOKIE CHALLENGE at your local school
Call Dr. Jim Taylor at 828-264-0054 for more information**

*** Help NLMAD by seeking donations if you are unable to cycle.**

*** Visit Cookie & other dogs saved from shelters by Karen
to assist persons with disabilities at: www.nlmad.org**

*** For more information on a cycling leg in your area go to:**

www.CyclingtheCarolinas.org

**Also for info you can email/call
cookie@cyclinthecarolinas.org
828-264-0054**