

**ANTIQUE AUTO CLUB
OF THE BAHAMAS**



DOCTORS HOSPITAL

**FRIENDS OF DISTINCTION RIDERS CLUB
PRESENTS**

CRUISE TO THE CURE 2011



REGISTRATION FORM

DATE: SEPTEMBER 18 2011

TIME: 12:30 PM

(REGISTRATION TIME: 9:00 AM - 12:00PM)

NAME/COMPANY _____ DRIVE _____

PHONE: _____ (CELL) _____ (W) _____ MALE FEMALE

P.O. BOX: _____ EMAIL: _____

PARTICIPANT CATEGORIES

AUTOMOBILE
MOTORCYCLE
OTHER/COMPANY

T-SHIRT SIZE M L 2X-L

ARE YOU A CANCER SURVIVOR? YES NO

REGISTRATION FEE/DONATION: CARS \$25.00 MOTORCYCLE \$15.00

SPONSORSHIP/MILE DRIVEN = \$ _____ /MILE _____

NAME OF SPONSOR: _____

I hereby assume full and complete responsibility for any accident which may occur during my participation in this event while on the premises of this event, and I hereby release and hold harmless the Cancer Society, the Broadcasting Corporation of The Bahamas, sponsors for loss or liability of claims that I may have arising out of my participation in this event including, personal injury or damage suffered by me.

PARTICIPANT SIGNATURE: _____

