15th Annual Library Roll REGISTRATION	
September 28, 2019	
(PLEASE PRINT)	
LAST NAME	
STREET ADDRESS	
PHONE	
CITY,	
STATE,ZIP	AGE
EMERGENCY	D-10-1-1
	PHONE
email (optional)	DE LOCATION DE DIVIL DA DENTE OD
CHILDREN UNDER 18 ARE REQUIRED TO RESPONSIBLE ADULT AT ALL TIMES ON T	
18, 24, 32 mile ride \$3062 mile ride**	
Sept. 15 and complete the ride for a chance to win	
FAMILY PLAN- parent(s) & up to 4 children-\$6	
LIBRARY VOLUNTEER (half price)	_
T-SHIRT (long-sleeved) SIZE- FREE with prereshirts \$15 day of the event XXXLXXLXLLMS	egistration by September 15. (LIMIT 2 per family)
TOTAL ENCLOSED Make checks payable to :Fredericksburg Commu P.O. Box 24, Fredericksburg, OH 44627 e-mail questions to johnjabt@gmail.com	nity Library, & send c/o the library, 108 S. Mill St.
the named entrant (where entrant is under 18), I and will discharge, release, absolve, and hold har their officers, trustees, volunteers, and any other whatsoever, jointly and severally, from and again mishap, harm, loss, inconvenience, or damages whis/her participation in this event. I also consent event of injury or illness sustained as a result in t associated therewith. I understand the importance	persons connected with this event in any way st any and all blame or liability for any injury, hich myself or said minor may sustain by virtue of to and permit emergency medical treatment in the aking part in this event or any other activities se of the personal safety of myself and all other ulations, practice courtesy and safety in cycling, to
Sign_	Date
(entrant's signature)	
Parent/Guardian	
(if entrant is under 18)	
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