

OCT. 21-22

WHEELS FOR MEALS

24-HOUR CYCLING
*fun*DRAISER



WHEELS FOR MEALS REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____

INDIVIDUAL TEAM TEAM NAME: _____

SUGGESTED DONATION OF \$30/PERSON

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