

First Name: _____

Last Name: _____

Gender: Male Female

Completed age in years on 31/03/2015: _____

Category (please tick):

Men (18-45) **Women (18-40)** **Men (Above 45)** **Women (Above 40)**

Date of race: _____

Phone number: _____

Address: _____

Emergency Contact person's name and number: _____

Are you a member of Ahmedabad Bicycling Club: Yes / No

- *Race director's decision will be final under any circumstances.*
- *It is the responsibility of the ABCh participant to sign/bring a signed ABCh registration form at the start of the race.*
- *It is sole responsibility of the racer to sign Disclaimer Form on the race day.*
- *It is compulsory for the rider to get his/her own bike.*
- *It is compulsory for the rider to wear a helmet.*
- *ABC reserves the right to allow/disallow anyone to participate/be allowed to participate in the race. The discretion for the same solely lies with the race director. ABC reserves the rights to demand producing the original membership paid receipt to prove bonafide of the member.*
- *Bibs will be assigned/issued before start of the race.*
- *Please refer to ABCh – Rules & Regulations on the website for more information*

Please submit the completed race form at Restore Clinic or Crossword before 5 P.M., 17 April 2015.