



SAVE THE DATE!



100 mile motorcycle Ride
Through Illinois and Wisconsin

Poker Run Raffles Additional start locations this year
Food Music

Sunday
June 5 2011

9:00 a.m. until 5:00 p.m.
JD Bootlegger's
25491 W. Old Grass Road
Antioch, IL
\$20 per rider

Grand Prize Raffles:
Split the Pot,
United Airlines tickets
and a Weber Grill

For more information visit: www.wingsbenefitride.com
Or contact Teri at 847-519-7820 ext. 210 or tchanner@wingsprogram.com



**WINGS Benefit Ride 2011
Official Entry Form**

(Each participant whether rider or passenger must complete a registration form and sign the liability waiver. Additional forms can be printed online or completed at the event.)

Name _____

Address _____

City/State/Zip _____

Phone/E-mail _____

Sign me up for the Benefit Ride e-newsletter!

Indicate number on lines provided below:

- _____ **\$20 per Rider**
- _____ **\$10 per Split-the-Pot Raffle Ticket [\$100 for 12]**
- _____ **\$10 Additional Poker Hand**
- _____ **\$10 Blind Hands** *(if you are unable to come you can still participate! \$10 per hand or 6 for \$50)*

T-Shirt Size *(Please mark one size per rider):*

Men _____ M _____ L _____ X _____ 2X _____ 3X
 Women _____ S _____ M _____ L _____ XL _____ 2X

_____ I will be starting the Ride at Wildfire H/D Buell at 120 W. North Ave., Villa Park. **[Riders will depart at 9:00am.]**

_____ I will be starting the Ride at City Limits H/D at 2200 N. Rand Rd., Palatine. **[Riders will depart at 9:30am.]**

Registration will take place at Bootlegger's.
Last bike out at 11:00am.

_____ *I can't attend, but please accept my donation of* _____

Check Made Payable to WINGS: \$ _____

Credit Card: \$ _____

Type: ___ MasterCard ___ Visa ___ Amex ___ Discover

Card Number: _____

Expiration Date: _____ **CVC Code** _____

Signature: _____

Register On-line @

www.wingsbenefitride.com

Raffle rules and regulations on-line.

*By law, raffle ticket stubs may not be mailed. If you wish to pick up your raffle ticket stub prior to the event you can do so at the WINGS office in Schaumburg, Illinois. Ticket stubs will be available to pick up on the day of the event at JD Bootlegger's, if you are unable to pick up prior to the date. Please see www.wingsprogram.com for raffle rules and tax information.

Please read carefully and sign! Failure to do so may prevent event day participation.

The undersigned, in consideration of my enrollment in the event and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, agrees to irrevocably and unconditionally settle, release, remit, forever discharge, covenant not to sue and defend, indemnify and hold WINGS, its owners, shareholders, predecessors, successors, assigns, subsidiaries, directors, agents, employees, representatives, attorneys, affiliates and all persons acting by, through or in concert with them (including any event organizers and other event workers) harmless from any and all liability, actions, claims and demands of any nature, with respect to any expense, loss, claim, injury, illness or property damage related to this event or my participation therein. I expressly assume the risk of loss, injury or harm that may arise from my participation in this event. Further, I grant full permission to WINGS, its employees and representatives, and all persons acting by, through or in concert with them (including event organizers and other event workers) to record my participation in the event using any media whatsoever. Such recordings shall be the property of WINGS and it may use or distribute all or any part of such recordings and my likeness and may alter or modify the same in any manner, regardless of whether or not I am recognizable, without reimbursement. My agreement herein is binding upon my heirs, assigns and legal representatives.

Participant's Signature _____

Date _____

Participant's Name _____

If the participant named above is under 18, I represent that I am a parent or guardian of such participant and we both will be bound by this agreement.

Parent/Guardian's Signature _____

Date _____

Parent/Guardian's Name _____

LET US KNOW!
How did you hear about WINGS Benefit Ride?

Mail completed entry form to:

**WINGS
P.O. Box 95615
Palatine, IL 60095**