

Date: Saturday, February 9th 2008

Time: 8:00 am - 8:00 pm

Location: Gold's Gym
770 Wherle Drive
Cheektowaga, NY 14225

Hot line: Karen: 716.689.6982 x112

The Event: The Buffalo Spinathon to benefit the American Cancer Society

Teams: Teams may consist of 12 or fewer riders each riding a minimum of one hour interval. Each team member will be responsible for riding at their teams designated time based on the roster that the team submits. Substitutions will be allowed only be those athletes registered for the team. All 12 hours MUST be filled before a team can double their riders in an hour slot.

Solo Riders: Solo riders may ride a minimum of one hour and a maximum of 12 hours. One hour slots will be reserved based on a first come first serve basis. If you plan on riding for numerous hours please bring enough fuel to sustain yourself during the event. Solo riders may bring their own bicycle and trainer if they desire. NO ROLLERS ALLOWED!!!

Awards: Top fundraising team, top fundraising individual, and athlete who completes the most spinning hours.
*** Riders wishing to compete for the most total hours will sign in the morning of the event so that total ride time will be calculated, including all breaks and stoppages.

Pledges: All athletes are encouraged to collect pledges for the following:
\$50.00 - Race Bag & t-shirt
\$250.00 - ACS Running Singlet, race bag & t-shirt
\$500.00 - ACS Fleece Vest, race bag & t-shirt
\$750.00 - ACS Windshirt Pullover, race bag & t-shirt

During Event: Hourly prize drawings!
Food and beverages will be provided based on the number of registered athletes by 01/26/08.



2008 Buffalo Spinathon

Checks payable to: American Cancer Society
Mail to: Attn. Spinathon
101 John James Audubon Parkway, Amherst, NY 14228

Registration:

_____ \$15 pre-register by 1/3

_____ \$25 after 1/3

Pledge:

_____ \$50 minimum pledge

_____ \$250

_____ \$500

_____ \$750

_____ other

Total Enclosed: _____

_____ Last Name _____ First Name

_____ Street Address

_____ Town/City _____ State _____ Zip

_____ Solo _____ Team / Team Name _____ M L XL XXL
Shirt size

Please indicate your riding preference (first come first serve for spinning bikes)

_____ 8am _____ 9 _____ 10 _____ 11 _____ noon _____ 1pm _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Spinning Bike _____ My Bike

Must include contact phone number to confirm time preference _____