

# HELP M.A.D. Ride Sponsor Sheet August 16, 2025

	Sponsor's Name	Sponsor's Address	Pledge	Amount Collected
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Please make check Payable to **HELP** with **M.A.D. Ride** in the memo

TOTAL

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***Collect all sponsor donations in advance and turn them in the day of the ride.***

Pre-Register Online at [www.helpmadrideride.org](http://www.helpmadrideride.org) or by mailing this form to:

**HELP • P.O. Box 97 • Ludington, MI 49431**

## Event Day Registration

**6:30AM–8:00AM**

44, 62 & 100 mile routes

**7:00AM–10:00AM**

All other routes

## **Fundraising Incentives**

*Visit our website for details*

**\$1000 – M.A.D. Bike Jersey**

*May not be available day of ride*

At Trinity Evangelical Free Church, 1212 Monona Drive, Ludington, MI

Lunch available 11:00-2:00

BIB # \_\_\_\_\_

Distance: ☐ 14 ☐ 20 ☐ 44 ☐ 62 ☐ 100 miles ☐ Off-road

Name \_\_\_\_\_ Age day of ride \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Waiver: I hereby release, discharge, and covenant not to sue H.E.L.P., their respective directors, officers, volunteers, and any sponsors for any injury I and/or my minor child might incur in connection with this event. I grant full permission for the organizers to use photographs of me in accounts and promotions of this event.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Signature of parent or guardian if less than 18 years of age.)

Emergency contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

## REGISTRATION

**\$35.00 includes M.A.D. T-Shirt**

M.A.D. T-Shirt Size (circle one)

S      M      L      XL      XXL

## **Pastor Challenge**

Church \_\_\_\_\_