

January Joy-Ride



When: January 20, 2018

(makeup date: Jan. 27)

Start: Randolph Mall

End: Bicentennial Park West
Academy Avenue

Early Registration: \$20 (January 17th)

(PGHS or Randolph Hospice Website)

Day of Event Registration: \$25

Check-In: 9-10am

Car Divisions: Classic, Muscle, Four Wheel Drive,
Motorcycles, and Import.

<http://pghs.randolph.k12.nc.us/> - (336) 685-0728

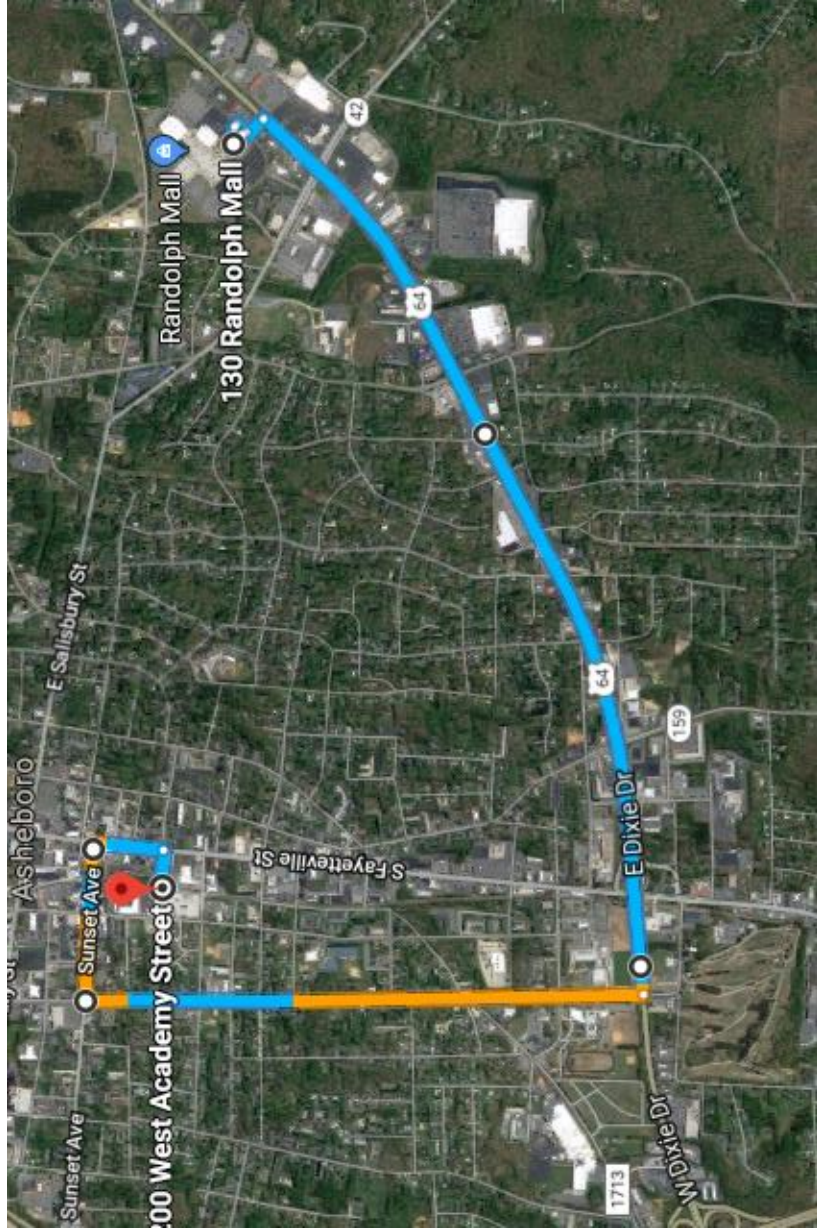
**Please contact Tony Joyce with any questions at:

tjoyce@randolph.k12.nc.us or (336) 588-4250**

HOSPICE
of RANDOLPH COUNTY

No one journeys the path of serious illness alone.

www.hospiceofrandolph.org | 336.672.9300





First Annual Hearts for Hospice January Joy Ride Registration Form

Registration fee is **\$20** before **January 17, 2018** and **\$25** on the day of the event on **January 20, 2018**

Check in for **Preregistration** will be at **9 am on January 20, 2018**.

The ride will begin at **10 am**.

The ride will **begin at Asheboro Mall** and end at **Bicentennial Park** where awards and door prizes will be given out.

If you have any questions, please contact **Tony Joyce at Providence Grove High School**

Email: **tjoyce@randolph.k12.nc.us**

School Phone: **(336) 685- 0728**

Cell Phone: **(336) 588- 4250**

Please fill out this form and return it to Providence Grove High School enclosed with your **\$20 registration fee** at:

5555 Mack Lineberry Road

Climax, NC

27233

Personal Information

Name: _____ **Age:** _____ **Sex:** _____

Phone: _____

Email: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Car Information

Model: _____

Year: _____

Division: (please Circle one)

Four Wheel Drive **Classic**

Muscle **Import**

Motorcycle

Please read and Sign Back of Registration Form

Enclosed: \$ _____

Cash

Check

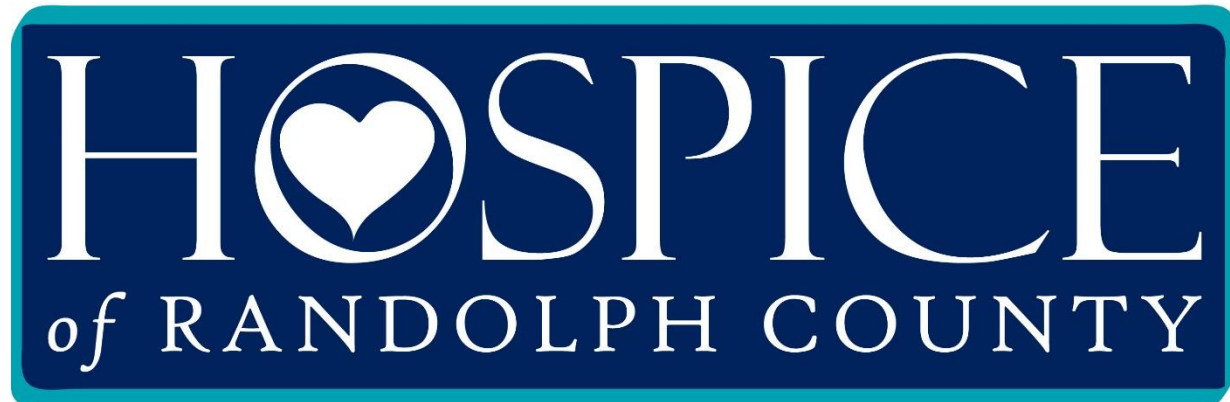
Make Checks Payable to **PGHS

Terms and Agreements:

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, Providence Grove High School, Hospice of Randolph, City of Asheboro, Randolph County Schools and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during, or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

Signature: _____

(Parent or Guardian Signature if under 18 years of age or still enrolled in High School)



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