



APPLICATION TO PARTICIPATE IN THE 2025 TD FIVE BORO BIKE TOUR WITH TEAM BCRF ON MAY 4, 2025

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Athletic Fit T-Shirt Size: _____ (Circle Shirt Style: Men's or Women's)

Have you ever previously supported BCRF? _____

Have you ever participated in the TD Five Boro Bike Tour: YES: _____ NO: _____

If yes, did you ride for charity? Which charity? _____

How much money did you raise? _____

Why do you want to ride for TEAM BCRF? _____

What is your personal fundraising goal (\$500 minimum)? _____

Credit Card (circle one): Visa Mastercard American Express Discover

Name on Card: _____

CC Number: _____

Expiration Date: _____

Security Code: _____

Billing Street Address: _____

City, State, Zip: _____

Billing Phone Number: _____

**Your credit card will not be charged at this time.



Release and Waiver

If selected to cycle for TEAM BCRF, I will participate in the 2025 TD Five Boro Bike Tour with TEAM BCRF and 100% of the proceeds I raise will be donated to the Breast Cancer Research Foundation® (BCRF). BCRF has the right to publicly announce my participation in the 2025 TD Five Boro Bike Tour as a member of TEAM BCRF. I have been notified that BCRF is not liable for any injuries suffered in connection with my participation in this cycling event or training and I hereby waive any rights I, my heirs, or any other person or entity may have for any claims or damages against BCRF. I will raise a minimum of \$500 for BCRF, even if I am unable to participate in the 2025 TD Five Boro Bike Tour or if the 2025 TD Five Boro Bike Tour is canceled for any reason. I understand that all donations processed by BCRF are non-refundable and non-transferable even if I do not participate in the 2025 TD Five Boro Bike Tour. I understand that if I do not reach the minimum fundraising goal of \$500 by 4/27/25, my credit card will be charged the difference between my total as of 4/27/25 and the \$500 minimum. Failure to reach this minimum by 4/27/25 will result in my removal from the 2025 TD Five Boro Bike Tour. I agree to abide by all rules of Bike New York (<https://www.bike.nyc/events/td-five-boro-bike-tour/>) relating to my participation in the 2025 TD Five Boro Bike Tour and on TEAM BCRF.

By signing the application, I agree that I have read the terms and conditions above.

Participant Signature

Date

Please return the completed form by email to Christine Ward at cward@bcrf.org.
Applications will be reviewed on a first come first serve basis.
For additional questions, please call (646) 497-2638 or visit www.bcrf.org.