

MA. W's 20th BBQ & POKER RUN 1/2 CHICKEN DINNER WITH ALL THE FIXINGS SEPTEMBER 26, 2010

Proceeds to Benefit : NEW HOPE, Battered Women's Shelter
50 / 50 ~ Door Prizes ~ Mileage Pool ~ Games ~ And A Fun Day

Special Drawing For \$100.00
Get 3 Tickets in Exchange for any single
new item/ multi-pack of underwear or
nightwear for Children / Women



Starting / Ending Place
American Legion Post # 58
227 Main Street Rt. 12
Oxford, Ma. 01540

Registration is from 9:00 am to 10:30 am with coffee & donuts provided!

- \$ 13 per person GWRRA member Pre-Registered by Sept. 16, 2010
\$ 15 per person GWRRA member at the door
\$ 15 per person Non-GWRRA member Pre-Registered by Sept. 16, 2010
\$ 16 per person Non-GWRRA member at the door

Special Drawing for Pre - Registered Participants:

Mail in your registration (s) prior to August 4, 2010 and become eligible to win your
Registration plus One. Winner is to be drawn at the BBQ

Mail Registration Fee & Signed Liability Release to:

Karen Newhall, 1650 Barre Road, New Braintree, MA. 01531.

Make checks payable to: GWRRA MA Chapter W For Further Information Contact:

Bob & Gail Giroux (508) 752 6874 or E-Mail bogrx1046@earthlink.net

Ray Clouthier E-Mail razarwing@charter.net



Liability Release: I/we have read and understand this application. I/we hereby agree to conform & comply with the ideals governing this event & agree to hold harmless GWRRA, It's Officers & Representatives, co-Liability sponsoring organizations, & any property owners for any loss or injury to self or property in which I/we may become involved by reason of participation in this event. I/we also agree to assume responsibility for any property which I/we knowingly damage.

Please note: Statistical Awards will be based on pre-registration only By Sept. 9, 2010!!!!

Rider Name _____ Check one M _____ F _____ Age _____
Membership # _____ Exp. Date _____ State & Chapter _____
Mileage From Home to Start Point _____
Address: _____
Phone: _____ E-Mail: _____
Rider Signature _____ Date _____
Co-Rider** _____ Check one M _____ F _____ Age _____
** La dies: if you are riding your own bike, please fill out a separate form as a Rider**
Membership # _____ Exp. Date _____ State & Chapter _____
Co-Rider Signature _____ Date _____