25THANNUAL GGTA NORTH SHORE BIKE RIDE — AUGUST 16, 2025 A Recreational Bike Ride Supporting a Great Trail on a Great Lake *one person or one family with the same mailing address per registration (you may photocopy this page)

Name (Please Print)	Age (Check one or the other)			ide Lengt	ne)	Check one or	the other			
	□ 18+ □ 17-or-und		nder 8	der 8mi 28mi 34i			ni	Rider □ Repeat		
	□ 18+	□ 17-or-u	nder 8	mi 28mi	34n	ni 55n	ni	☐ Repeat		
	□ 18+	□ 17-or-u	nder 81	ni 28mi	34m	i 55m	ni New Rider (☐ Repeat		
	□ 18+		nder 8	mi 28mi	28mi 34m	mi 55m	ni	Repeat GITCHI-		
	□ 18+	□ 17-or-u	nder 8	mi 28mi	34n	ni 55n	ni □ New Rider (□ Repeat		
Street Address:										
City:						E-mail a	ddress:			
State:	Zip Code:			Home or Cell #:						
						Ride D	ay Phone #:			
	Number of Riders		Per Unit Price by August 1 (please circle)		,	Per Unit Price after August 1 (please circle)		Total Fee		
Adults			\$35.00 Members		.00	\$40.00 Members	\$50.00 Non-Members	\$		
Children (age 17 and under) *receive a free water bottle with registration			Free w/Paid Adult		dult	Free w/Paid Adult		\$ 0.00		
GGTA Annual Membership Renewal † please circle membership level	1			\$250/Business \$Lifetime Member		Additional Donation for Trail Maintenance: \$		\$		
F-shirts (FREE for the first 200 pre-registered participants) indicate number ordered for each size		S:		M:		L:	XL:		XXL:	
*Mail registration to: GGTA 1130 11th Street Two Harbors MN, 55616 **Make checks payable to: GGTA Grand Total Enc						l Enclos	sed**	\$		
elease of Liability: I agree by my entry into this events of GGTA), its officers and employees, and all other lame or liability for any harm, inconvenience, injuithorized doctor or medical technician is hereby ermission, without obligation or liability to me, for romotional or publicity purposes. I will follow all Competency, so as not to endanger anyone or disrupt to pproved) bicycle helmet at all times when riding to	organizers, spoury, loss, or other authorized to progressive the use of my COVID-19 proto the enjoyment of	onsors, volunto er misadventu rovide me me name, image cols, traffic ru of fellow cyclis	eers and as re suffered dical treatn or other red les, heed to tts, motoris	as a result as a result nent in resp cord of my to our officials as or others	ntities, wo of taking onse to aking particle, advice, I agree	ith their he g part in th an accide art in the G and ride a to wear a	eirs and assigns e GGTA North of the int, injury or illne int on North Sho and conduct mys properly fitted h	Shore Bi ss during re Bike I self with ard shel	ke ride. Any duly g this event. I give Ride for any due caution and II (ANSI Snell	
A parent or legal guardian must sign f	or anyone un	der 18 yrs. o	ld	ANSI-	or SNE	LL-appro	ved helmets a	re MAI	NDATORY	
Individua	als age 17-or	under must	be accom	panied by	a resp	onsible a	dult.			
Signature							Date			
Signature							Date			
gnature							Date			

Date

Signature