

2016 KENAI PENINSULA W.O.W. RIDE A BENEFIT FOR CENTRAL PENINSULA HEALTH FOUNDATION'S W.O.W. CANCER FUND

October 14, 2015

Way Out Women and Friends,

It's time once again to register for the W.O.W. ride.

W.O.W. 2015 raised over \$116,000. Thanks to all of you who helped. Those funds have literally helped folks from eight to eighty. Fighting cancer is a tremendous battle; it taxes all our resources both financial and emotional. With your help, W.O.W. can help ease the financial burden of local cancer patients.

This event is a wonderful opportunity to enjoy the outdoors, our chosen sport of snow machining and to help those in our community who are fighting cancer.

This year's event is scheduled for February 27, 2016. Your \$100 entry fee will include a continental breakfast, goody bag, a limited edition t-shirt, lunch, and a chance to help your friends and neighbors. There will be prizes, good company, lots of fun and a chance to give back to your community. We hope to see you there.

All funds raised by the ride go directly to assist cancer patients. There are no administrative costs. These funds stay right here to help your friends, family and community members. The Central Peninsula Health Foundation will be administering funds; their office is located at Central Peninsula Hospital.

For information contact: Kathy Lopeman 398-4853. Email: lopemank@yahoo.com.





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Thank you for your participation in this important event. We couldn't do it without you.

- 1. The February 27, 2016 W.O.W. Riders will be signed up on a first come, first serve basis. You can pick up your shirt and goodies the evening of February 26 or the morning of February 27 at Freddie's Roadhouse. Early registration is appreciated. Every effort will be made to provide each registered rider with a goodie bag and limited edition T-shirt.
- 2. Riders must turn in a complete entry packet to be eligible. Participants have the option of registering in teams or as an individual rider (see below). A complete entry packet consists of: Rider Registration Form, non-refundable \$100 entry fee, and signed liability waiver.
- 3. Your entry fee may be collected as donations or self paid. Every effort will be made to accommodate everyone. Notify Kathy early if registration has been paid and you are unable to attend.
- 4. Riders are responsible for collecting and turning in all pledges. Pledge monies must be turned in by Saturday, February 27, 2015 before the actual ride. Pledge monies may be turned in any time prior to the event by contacting Kathy Lopeman (398-4853). There will be a table set up to receive pledge monies at the Friday evening Meet and Greet as well as at the Saturday morning pre-ride breakfast. Riders will not be able to begin their ride until their pledge money has been received and recorded. Based on the pre-ride figures, prizes will be awarded to the individual rider as well as the team that collects the most money. In the event of a tie, the winner will be decided by coin toss.
- 5. Riders are ambassadors of hope and good will. Not only are they representing the fight against cancer but they also must uphold the conduct of a responsible snow machiner. The 2016 Kenai Peninsula W.O.W. Ride is an alcohol free event.
- 6. Riders are encouraged to sign up in predetermined teams. Teams are encouraged to dress in costume and there will be prizes awarded for best individual and team costumes. Please be ready to assemble your team for pictures and orderly departure. Please check your machine for gas and oil prior to ride start.
- 7. The ride will begin from Freddie's Roadhouse, Mile 16 Oilwell Road in Caribou Hills. Due to the number of participants and the varied level of snow machine experience, individual riders will be assigned to groups based on ability. There will be an experienced volunteer assigned to each group to keep them on the route and provide assistance if necessary.





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Sign me up for the 2016 Kenai Peninsula W.O.W. ride! Please accept my \$100 non-refundable entry fee as my commitment.

ame Phone		
Address		
E-mail:	Shirt Size:	
Individual or Team Registration	n?	
Register me as an individ	ual rider. I rate my snow machine ability as	

Register me as a team rider. Our team name is_____.

Our Team Captain Is_____

If you register as an individual rider you will be assigned to a group before the ride starts. Team riders are encouraged to submit their entries as a group. Please limit your teams to no more than five riders. Your group may have a second team of up to five riders, if necessary.

Is my registration complete?

Registrations are requested by February 16, 2016. A complete registration includes: this registration form, my \$100 entry fee, my signed liability waiver. Please send it to W.O.W. Ride c/o Kathy Lopeman, Box 39653 Ninilchik, AK. 99639.

Where do I turn in my pledges?

All pledges are due before the ride Saturday, February 27, 2016. Riders can turn in their pledges in person at Freddie's Roadhouse on Friday, February 26, 2016 from 6-8 PM or Saturday, February 27, 2016 beginning at 9AM. Pledges can be turned in prior to the event by arrangement.





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Rider Name:	 	
Address:		
Phone #		

I, ______, in consideration of signing this agreement intend to be legally bound for myself, my heirs, executors, and administrators, do hereby release and discharge Polaris Industries, Kenai Peninsula W.O.W. Ride, Central Peninsula Health Foundation, and any others (contributors, agencies) from any and all liability arising from illness, injury, and damages I may suffer as a result of my participating in this event.

In addition, I release and permit the use of any and all photos taken of me by the aforementioned parties for future W.O.W. promotions.

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Rider Signature

IMPORTANT: Liability waiver must accompany rider entry form or your ride registration will not be complete. Riders cannot participate in event without a completed registration packet.





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PLEDGE SHEET

NAME:	
TEAM NAME:	

Each Rider is responsible for collecting the pledges on this sheet. All pledges are due before the ride Saturday, February 27, 2016.

Please make checks payable to: Central Peninsula Health Foundation

Name	Phone	Address	Zip	Amount	Paid Y/N

