

Foxy's Fall Century Registration Transfer Form

Please Complete one form per rider including tandems. The rider receiving the transferred registration must complete a [liability waiver](#) and bring it to check-in on the day of the event.

Original Registrant Info:

Name _____

Email _____

Phone _____

New Registrant Info:

Name _____

Address _____

City _____ State ____ ZIP _____

Birth Date (mm/dd/yy) ____/____/____

Phone _____

Email _____

Emergency Contact Name _____

Emergency Contact Phone _____

Route (please check)

_____ 100 mile

_____ 100 k

_____ 50k*

Other Information (optional)

Email completed form to foxys@davisbikeclub.org no later than 3 days before the event.