Team Registration deadline is March 14th, 2025



YOUR MISSION, should you choose to accept it: **RIDE** and **ASK in support of CPMB!**



2025 CPMB Bike Race — TEAM REGISTRATION

TEAM NAME (please print clearly)

CAPTAIN FIRST AND LAST NAME

CAPTAIN EMAIL

CAPTAIN PHONE NUMBER - WORK

CAPTAIN CELL and / or HOME NUMBER

CAPTAIN MAILING ADDRESS, CITY, POSTAL CODE

____FULL TEAM (14 Riders) or ____HALF TEAM (7 Riders) PREFER: ____AM ride or ____PM ride

Would you like any receipt books? If yes, how many?

Please return the completed form ATTN: Susana Schanel, Bike Race Coordinator to: • bikerace@cerebralpalsy.mb.ca or fax to 204.982.4844 or

• mail to CPMB, 903 - 213 Notre Dame Avenue, Winnipeg, MB R3B 1N3

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