2026 Ride For Life!

To benefit the Care Net Pregnancy Information Center of Berkley and Detroit

Rider Name: _____ Passenger name (if applicable): _____

Address: _____ City/Zip: _____ Telephone: ( ) _____

(PLEASE WRITE LEGIBLY)

Sponsor's Name	Address	City	Zip Code	Paid (✓or $)	or Pledge amt.

Note: Riders are encouraged, but not required, to collect pledges

Names and addresses required for receipt purposes

Mail completed form in advance or bring on event day to:
Care Net Berkley – Attn: Ride For Life
2826 Coolidge Hwy.
Berkley, MI 48072

Office use only:

Registration amount $ _____ ($20 single rider / $30 w/passenger)

Paid by: ☐ cash ☐ check (#) _____ ☐ Free Ride! ($100+ in sponsors)