

Congratulations On Completing All 5 Passes! (2018)

PLEASE PRINT INFORMATION LEGIBLY.

RIDER WILL BE RESPONSIBLE FOR RETURNED POSTAGE IF ENVELOPE IS RETURNED TO US.

5-Pass Jerseys can only be ordered by riders who completed all 5 passes of the Death Ride®. PLEASE FILL OUT ONE ORDER FORM PER JERSEY. DO NOT ADD MORE THAN ONE JERSEY TO THIS ORDER FORM. Complete this form and mail it along with a copy or photo of your bib with the verification stickers on it from all 5 passes. NO PHONE, EMAIL OR FAXED ORDERS WILL BE PROCESSED. Jerseys must be ordered by 08/14/18. The envelope must be dated and postmarked on or before 08/14/18. Orders placed after 08/14/18 are subject to availability and a \$50 late fee. All orders will be shipped USPS. Please allow 8 weeks after 08/14/18 for your 5-Pass Finisher Jersey to arrive. Approximate arrival date is end of September, first week of October. Out of Country orders add an additional 8 weeks to your shipping date. Your credit card statement will be your receipt. If we receive duplicate orders you will be charged accordingly. Be sure to check the sizing charts, we only order what is requested. There is a \$50 restocking fee for each exchange and we cannot guarantee exchanges for the wrong size. Sponsor logos will be on the sleeves, sides and back of final product. The Death Ride® is not responsible for lost, stolen or damaged shipping envelopes once it has left our office. If shipping envelopes are returned for any reason, there will be a \$18 reshipping fee. *Minimum orders must be met for 5 Pass Shorts.

LAST NAME:

FIRST NAME:

SHIPPING ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

BIB#:

5-PASS JERSEY (club cut (looser fit) only) \$90.00 circle size below

TOTAL: \$

(Includes Shipping and Handling in the continental US)

WOMEN'S JERSEY SIZES: XS S M L XL

MEN'S JERSEY SIZES: S M L XL XXL

SHORTS (will not say 5 Pass) \$65.00* circle size below

TOTAL: \$

WOMEN'S SHORT SIZES: XS S M L

MEN'S SHORT SIZES: M L XL XXL

Out of country orders add \$30.00 for shipping and handling.

TOTAL: \$

PAYMENT METHOD

GRAND TOTAL: \$

CARD: Visa Mastercard _____

CREDIT CARD #:

EXPIRATION DATE:

SECURITY CODE:

SIGNATURE:

MAIL FORM AND PAYMENT

Alpine County Chamber of Commerce, PO BOX 265, Markleeville, CA 96120