



# Le Tour de Manure 2010

RIDE COORDINATOR AND HOSTING SPONSOR:  
IV Law Enforcement Committee, Special Olympics &  
City Of El Centro Parks & Recreation

**Starting Line:**

Downtown El Centro Town Square  
7th and Main

**Event and Starting Time:**

**HELMET REQUIRED**

Choice of 50, 25 or 15-mile route.

Ride starts at 9:00 am.

Check-in starts at 8:30 am.

**Amenities:** "Goodie Bag", T-Shirt with the famous event logo for each rider, snacks, lunch, and drinks. Awards and participation in prize drawings.

Water stations on route. Safety Patrol "laggin' wagon".

Late entry shirts will be distributed **after** the event.

**Entry Fee:** Special Olympics Athletes – No Fee  
Adult entry \$25.00 per participant

**Course Description:**

Your ride will pass through a fertile and picturesque Agriculture region including cattle feeding lots, accommodating a ¼ of a million head of cattle. You'll also pass fields of grazing sheep, plus pigs, goats and chickens at scattered farm residences. You'll also ride past crops that are in season which include: asparagus, melons, onions, alfalfa, cotton, corn and grain. Road surfaces are generally good, and automobile traffic will be light.

**To Enter:**

Complete application and entry fee, mail or bring to:  
Imperial Valley Special Olympics  
375 South First St., El Centro, CA 92243  
(760) 337-4555 or (760) 337-4556  
(760) 336-8979

**Make Checks Payable to:** I.V. Special Olympics

## "Le Tour" Entry Form

Official Use Only
Rider Number
Finish Time
Elapsed Time

Circle entry category on each line below

Gender	Distance	Age Group						Adult Shirt Size
Male	15 / 25 / 50		18-29	30-39	40-49	50-59	60 Pus	S M L XL
Female	15 / 25 / 50		18-29	30-39	40-49	50-59	60 Pus	S M L XL
Junior	15 / 25 / 50	7-13	14-17	Parent / chaperone				S M L XL

"In consideration of your acceptance of my entry, I hereby agree to indemnify and hold harmless I.V. Special Olympics, City Of El Centro, sponsors, co-sponsors, coordinating groups, or any individuals or groups associated with the event, from any liability which may occur in connection with this request. In filling out this form, I acknowledge that I am an amateur cyclist and acknowledge I am responsible for my own liability.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature (If under 17, parent or legal guardian must sign): \_\_\_\_\_

Special Olympic Athlete YES  NO  Entry fee paid : \$ \_\_\_\_\_ Cash /Check