

**39th Annual
HOT
TAMALE
Bicycle Tour**
Presented by
**Heart of Ohio Tailwinds
Bicycle Club**
www.hot-tamale.org

SAT, JUNE 1, 2024

Registration 7 to 9 a.m.

Start time 8 to 9 a.m.

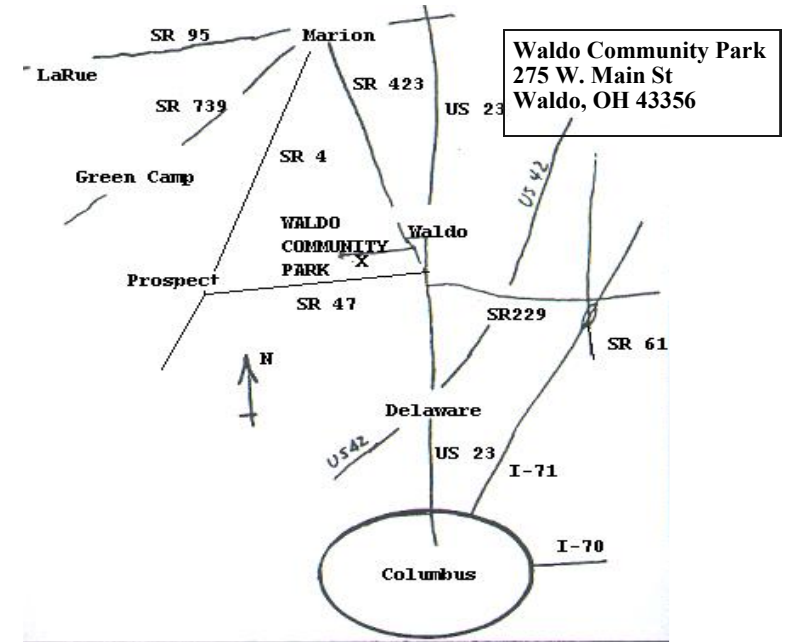
Waldo Community Park
257 West Main St., WALDO, OHIO
*Turn west at the G&R Restaurant, and go
1/2 mile to the park.*

**Five routes to choose from:
10, 16, 26, 44, and 62 miles!**

Featuring:

- ◆ Cookies
- ◆ Fresh Strawberries
- ◆ Well-marked routes
 - ◆ Sag Wagon
 - ◆ Embroidered patch
- ◆ Commemorative T-shirts for sale
 - ◆ 10 mile family fun route!
 - ◆ All cyclists must register
- ◆ We'll donate \$1 to the Marion Tallgrass Trail on behalf of each cyclist!

Heart of Ohio Tailwinds Bike Club
PO Box 176
Marion, OH 43301-0176



New routes!

62 mile route (2 snack stops) visits Gallant Woods, Richwood, and Prospect, as well as the Kings Mill Covered Bridge.

44 mile route (2 snack stops) visits Gallant Woods, Richwood, and Prospect

26 mile route (2 snack stops) visits Gallant Woods and Prospect.

16 mile route has a snack stop in Prospect.

10 mile family fun route offers a snack at the finish.

**39th Annual
HOT TAMALES Bicycle Tour**
10, 16, 29, 44, and 62 miles!
www.hot-tamale.org

SATURDAY JUNE 1, 2024
Registration 7 to 9 a.m.
Start time 8 to 9 a.m.
Waldo Community Park
275 West Main St., WALDO, OHIO
*Turn west at the G&R Restaurant, and go 1/2 mile
to the park. (map on rear)*
Helmets are mandatory

- ◆ We'll donate \$1 to the Marion Tallgrass Trail on behalf of each cyclist!



Visit www.hot-tamale.org to read quotes from past riders and answers to questions.
E-mail us at HotTamaleTour@gmail.com

Keep this section as a reminder, and mail the rest to:
**HEART OF OHIO TAILWINDS, PO BOX 176,
MARION, OH 43301-0176**
Xerox copies accepted

Detach here

Detach here

Detach here

PAYMENT: (One cyclist per application please)

Part 1: Ride cost not including shirt:
Up to May 12:

Adult \$20 _____
Child (11 to 17) \$15 _____ (must be with adult)
Child 10 and under \$10 _____ (must be with adult)

On or after May 13:

Adult \$25 _____
Child (11 to 17) \$20 _____ (must be with adult)
Child 10 and under \$15 _____ (must be with adult)

Subtotal \$ _____

Part 2: Optional Red T-Shirt (order by 5/12)
(Only available with advance registration)

T-Shirt: \$21 _____

Size Child Med Child Large

Adult Small Adult Med Adult Lg

Adult XL Adult 2X (add \$2) Adult 3X (add \$4)

Subtotal (shirt cost) \$ _____

Part 3: Optional bike trail donation:

Modern Woodmen has pledged to match the first \$2,500 in funds raised by the Hot Tamale Tour, allowing us to better care for the Tallgrass Trail. Your donation here will help us to meet this match. The Heart of Ohio Tailwinds will donate \$1 to this effort for each HOT TAMALES rider. If you would like your extra donation to be tax-deductible, please attach a separate check for the donation portion, payable to "Prairie Parks Foundation". Please write on the check that this is for "Tallgrass Trail".

Subtotal (optional donation) \$ _____

Total (ride, shirt, and optional donation) \$ _____

Please make check payable to "Heart of Ohio Tailwinds"
PO BOX 176, MARION, OH 43301-0176

(Xerox copies accepted, but one cyclist per application, please)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: () _____

E-mail: _____

Planned distance? 62 44 26 16 10 Virtual

Age 10 and under 11 to 17 18 or older

In signing this release for myself or the named entrant, if entrant is under the age of eighteen (18) years. I acknowledge that I understand the intent hereof, and hereby agree to and will absolve and hold harmless the Heart of Ohio Tailwinds Bicycle Club, The Village of Waldo, and their officials and members, respectively, and any other parties, including any municipalities on route, connected with this event in anyway whatsoever, singly and collectively, from and against any blame of liability for any injury, misadventure, harm, loss, inconvenience, or damage suffered or sustained as a result of participation in the HOT TAMALES ride or in any activities associated herewith. I also hereby consent to and permit emergency treatment in the event of injury or illness. I shall abide by traffic laws and regulations and practice courtesy and safety in cycling. I will sign a League of American Bicyclists Liability release on the day of ride.

ENTRANT'S SIGNATURE _____

DATE _____
(Signature of Parent or Guardian if entrant is under age 18)

**WE REQUIRE EVERYONE TO USE
HELMETS FOR SAFETY**

Detach at line. Keep left section as a reminder, and mail the two right sections to:

HEART OF OHIO TAILWINDS
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MARION, OH 43301-0176