

Cancer Survivors Day
10:30 am - 12:30 pm

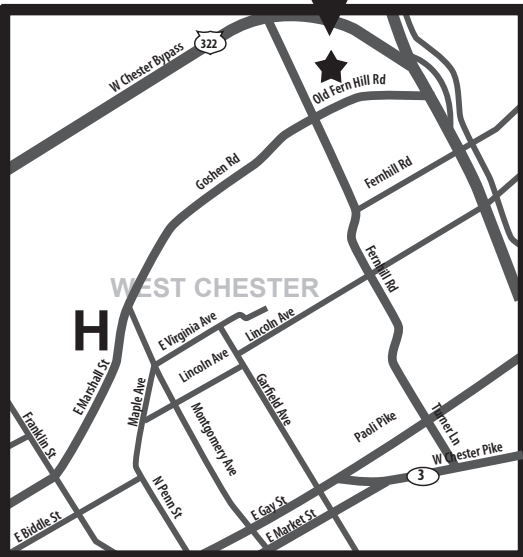
This year, The Cancer Program of The Chester County Hospital is holding Cancer Survivors Day - a celebration of life - in conjunction with the Chester County Challenge.

Attendees will cheer cyclists as they return from the Ride, enjoy a catered brunch, camaraderie and the presentation of the **Russell R. Tyson Award of Hope.**

For more information about the Day or to register, call 610.738.2300.

There is no cost to attend Cancer Survivors Day.

NEW LOCATION!
Fern Hill Medical Campus
915 Old Fern Hill Road
West Chester, PA 19380



The Chester County
Challenge for Cancer

**Bike
Tour**

65
MILES

50
MILES

25
MILES

10
MILES

5
MILES

Sunday, June 19, 2011

Sponsors:
National Penn Bank
Infusioncare
J&L Building Materials
Morrissey Family Foundation
Chester County ARES/RACES

Part of The Chester County Hospital
May Festival

www.cccride.com



Presented
By:



Infusioncare

WHO

Avid and recreational riders of all ages.

WHAT

5, 10, 25, 50, and 65 mile non-competitive bike tours through beautiful Chester County.

WHERE (New Location!)

Tours kick off at the parking lot of the Fern Hill Medical Campus
915 Old Fern Hill Road, West Chester

WHY

Proceeds benefit The Cancer Program of The Chester County Hospital and Neighborhood Hospice.

WHEN

June 19, 2011

7:30 am Registration
8:00 am 65, 50, and 25 mile rides
9:00 am 5 and 10 mile rides

www.cccride.com



Kinect with us for a chance to win a Xbox Kinect. Become a fan of The Chester County Hospital's Facebook page between now and the May Festival (May 20 - 22) for your chance to win! Visit www.facebook.com/chestercountyhospital and click the "like" button.

The Chester County
Challenge for Cancer
Bike Tour

PRESENTED BY:

Infusioncare



PLATINUM SPONSORS

J&L Building Materials, Inc.
Morrissey Family Foundation

GOLD SPONSOR

Elmark Packaging, Inc.
Pellini Gold Cordes

PROUD SPONSORS

ARENA SNYDER & DUNLAP, LLP	Millennium Pharmaceuticals
Cargo Solutions, Inc.	Parkway Center
Chester County Cardiology Assoc.	The Protection Bureau
Coins of Chester County	Radnor Benefits Group, Inc.
Chester County Hematology Oncology	Rencic Dermatology, LLC
Gateway Medical Associates	Sue Casso's Custom Printing and Promotions
Greater West Chester	TGS Financial Advisors
Sunrise Rotary	Tolsdorf Oil Lube Express
Integral Nuclear Associates, LLC	West Chester Cycling Club
Liberty Tax Service	Thomas Chevrolet, Inc
Med-Trans, Inc.	

EVENTS OF THE MAY FESTIVAL ARE BROUGHT TO YOU BY:



www.DailyLocal.com



The Chester County Challenge for Cancer Bike Tour

Starting Place Fern Hill Medical Campus
NEW LOCATION! 915 Old Fern Hill Road, West Chester

Starting Times Sunday, June 19, 2011

7:30 am Registration opens (rain or shine)

8:00 am 65 mile ride Challenging, hilly
 50 mile ride Challenging, hilly
 25 mile ride Hilly

9:00 am 10 mile ride Moderate hills
 5 mile ride Flat, escorted by local police

**ALL 25, 50 AND 65 MILE RIDERS MUST BE ON COURSE
 NO LATER THAN 9:00 AM**

The Chester County Challenge for Cancer Bike Tour is a part of the Annual May Festival Fundraising Events.

For more information about the May Festival, please visit www.chestercountyhospital.org/mayfest.



Registration Fees:
 Before 6.12.2011 Individual \$30 *Family \$40
 Starting 6.12.2011 Individual \$35 *Family \$45
 Teams \$250 for 10 riders *2 adults + unlimited children (Limit 2 free T-shirts)

- Tour Support and Amenities:** 
- Refreshments at rest stops and start/finish
 - SAG vehicles – provided by Thomas Chevrolet, Inc.
 - Tour Support – provided by Bike Line, West Chester Cycling Club and Chester County ARES/RACES
 - Cue sheets, ample road markings, road marshals
 - Free Challenge T-shirt to all adults pre-registered by 6.7.11
 - Helmet fittings and bike safety checks



Online registration and route maps available at cccride.com

The Chester County Challenge for Cancer benefits:

The Cancer Program of The Chester County Hospital
 A Service of The Chester County Hospital and the Abramson Cancer Center of the University of Pennsylvania

Neighborhood Hospice
 Part of The Health Network of The Chester County Hospital

**For more information
 visit www.cccride.com or
 call 610.431.5329**

Registration Form

Name (Adult #1): _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: (daytime) _____
 Email: _____

Family Participants
 Adult #2: _____
 Child #1: _____ Child #2: _____
 Child #3: _____ Child #4: _____

Team
 Team Name: _____
 1: _____ 6: _____
 2: _____ 7: _____
 3: _____ 8: _____
 4: _____ 9: _____
 5: _____ 10: _____

T-Shirt Size: Please specify the quantity of each size shirt below:
 Adults Sizes Only: ___ S ___ M ___ L ___ XL ___ XXL

Registration fee \$ _____
 Additional shirts (\$10 ea.) \$ _____
 I am unable to participate but would like to donate \$ _____
Total enclosed \$ _____

Checks payable to: The May Festival
Mail to: The Chester County Challenge c/o Arena Snyder
 728 Springdale Drive, Exton, PA 19341

In consideration of acceptance of my/my family's entry, I/we, for myself/ourselves, my/our executors, administrators and assignees, do hereby release and discharge The Chester County Hospital, The Cancer program of The Chester County Hospital, Neighborhood Hospice, the May Festival Committee and ride officials and organizers of all claims and damages and action whatsoever in any manner rising out of participation in said bike ride. I/we attest and verify that I/we have full knowledge of the risk involved in this event, that I/we are physically fit and sufficiently trained to participate in this event, and that my/our bicycle equipment is in good working order. I/we agree to wear a helmet and obey all motor vehicle laws.

Signature: _____

Optional Fundraising Form

Sponsorship is not necessary to participate in the Challenge for Cancer.

To participate, ask friends, family, co-workers, neighbors and business contacts to sponsor you by making a financial contribution. Please list your sponsors on form below and collect the money to bring with you the day of the Challenge. Top three fundraisers will receive a gift card to Bike Line!

PARTICIPANT NAME _____

PHONE _____

Please have your sponsors pre-pay with checks payable to: **May Festival / Challenge**
 CONTRIBUTIONS ARE 100% TAX DEDUCTIBLE

SPONSOR NAME	AMOUNT
1 _____	\$ _____
2 _____	\$ _____
3 _____	\$ _____
4 _____	\$ _____
5 _____	\$ _____
6 _____	\$ _____
7 _____	\$ _____
8 _____	\$ _____
9 _____	\$ _____
10 _____	\$ _____
11 _____	\$ _____
12 _____	\$ _____
13 _____	\$ _____
14 _____	\$ _____
15 _____	\$ _____

Total \$ _____

*** INTERESTED IN VOLUNTEERING AT THE CHALLENGE OR OTHER AREAS OF THE MAY FESTIVAL? CALL 610-430-2906**