

Enjoy a great ride & take some parade laps on the famous Pocono Raceway to benefit Autism Awareness & Spina Bifida!



4<sup>th</sup> Annual...

# & ROCK & ROLL RIDE

for Autism & Spina Bifida



## Sunday, Sept. 4<sup>th</sup>, 2011

RAIN OR SHINE

**\*\* Scenic route through beautiful Eastern PA! \*\***

### COST:

**\$20** per rider / \$15 per passenger - pre-registered  
(\$30 / \$15, if not pre-registered)

#### Includes:

- Donation to HHFASB
- 3 Laps at Pocono Raceway
- Post Event Social
- Catered Lunch
- Raffle Tickets
- Registration Gift

**NEW FOR 2011**

### REGISTER:

Online at [www.hkgroup.com/autism](http://www.hkgroup.com/autism).  
Pay online or complete and detach the mail-in form below. *Deadline for pre-registration by mail is Aug. 29<sup>th</sup>, 2011 and online is Sept. 2<sup>nd</sup>, 2011.*

Questions? Contact Pam Haines at [phaines@hkgroup.com](mailto:phaines@hkgroup.com) or 610.222.3616.

### SCHEDULE:

Registration/Check-in: ..... 7-8:30 am

At The H&K Group's Corporate Office  
2052 Lucon Road, Skippack, PA 19474

Depart for Pocono Raceway: ..... 9 am

Parade Laps: ..... Noon to 1 pm

Post Event Social: ..... 1-3 pm

Lunch, Raffles & Social - Additional concessions will be available for purchase

**ALL MOTORCYCLE MAKES AND MODELS WELCOME!**

**BRING THE WHOLE FAMILY!**

SPONSORED BY:

THE **H&K** GROUP



During this event, a Pocono Raceway Track Representative will be directing the parade lap activities. The Pocono Raceway has a Zero Tolerance Policy towards racing and may result in loss of privileges. Each rider is required to sign a Release of Liability before he/she is permitted onto the racetrack.

## 2011 REGISTRATION FORM

*Deadline for pre-registration is Aug. 29<sup>th</sup>, 2011. All forms must be postmarked by this date.*

Rider Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Pre-registration cost for entry is **\$20** per rider / **\$15** per passenger

Will a passenger be riding along with you?  Yes  No

Passenger Name:(if applicable) \_\_\_\_\_

Check #: \_\_\_\_\_ Check Total: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If registering multiple riders and passengers, please attach a separate sheet with rider and passenger names.

#### Mail completed form to:

Rock & Roll Ride for Autism & Spina Bifida  
210 Green Top Road | Sellersville, PA 18960

#### Make checks payable to:

Hallman-Haines Foundation for Autism & Spina Bifida, Inc. (HHFASB)

**All proceeds from this event will benefit the Hallman-Haines Foundation For Autism & Spina Bifida.**