



**MOTORCYCLE RIDERS ASSOCIATION
AND
CHAPARRAL RIDERS**



PRESENTS THE 13TH ANNUAL

Loma Linda University Children's Hospital Toy Run



SUNDAY, DEC. 18, 2005



**Year Bars Available To The First 650 Participants: Entry Fee \$10.00 Plus A New Unwrapped Toy.
MRA Toy Run Pins for Sale.**

50/25/25
TICKETS ARE
\$1.00 EACH

"All Bikes Welcome" Rain or Shine
Meet at: Quaid Harley-Davidson & Buell
25160 Redlands Blvd. Loma Linda, Ca. 92354

Sign In From: 10:30 AM – 12:30 PM. Ride Starts at 1:30 PM

Bike Judging By Donation ends at 12:30 PM.

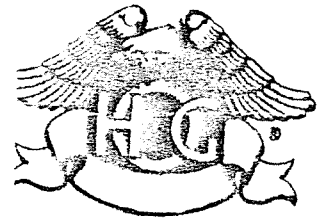
Awards for: Best Decorated Bike, Best Decorated Bike With Trailer and Largest Club

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I 215	ANDERSON		<input checked="" type="checkbox"/> QUAD HD
		REDLANDS BLVD	



For More Information Call

Jerry Curow: (951) 852-4648 Jim Taylor: (562) 864-7143
Mark Tepper: (951) 845-7877 or e-mail at glrider@adelphia.net
Thank you for your support. Donations Accepted:
Make checks payable to: Motorcycle Riders Association



**A Full Santa's Wish List is available. Contact Mark Tepper
Non-Violent Toys, Videos and Movies. No Games Which Depict Violence**

Pre-registration \$10.00 per person. You will receive 2 free 50/25/25 tickets. Please bring a new unwrapped toy
**Make Check Payable to MRA and mail to: MRA, P.O. Box 684 Wildomar, Ca. 92595-0684
Before November 30th, 2005.**

I hereby give up all my right to sue or make any claim for damages due to negligence or any other reason whatsoever against the American Motorcyclist Association / Motorcycle Riders Association or Chaparral Riders the promoters, sponsors all other persons, participants or organizations conducting or connected with this event for injury to property or person I may suffer, including crippling injury or death, while participating in the events and while upon the event premises. I know the risks of danger to myself and my property while preparing for and participating in the event and while upon the event premises and, relying upon my own judgment and ability, assume all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with this event for damages incurred as a result of my negligence.



NAME: _____ SIGNATURE: _____

PASSENGER: _____ SIGNATURE: _____

ADDRESS _____ CITY _____

STATE _____ ZIP: _____

