



2020 Team Peacock Rider Agreement & Deposit Form

1. **UIU REPRESENTATIVE.** As a Team Peacock rider I am a representative of Upper Iowa University. I will proudly wear UIU Team Peacock gear and conduct myself in a professional manner at all times during the ride. I will be respectful of the property of all overnight hosts.
2. **THE TEAM.** I agree to be an active member of Team Peacock. I will help and support other riders along the way, when possible.
3. **FUNDRAISING / PAYMENT.** I understand Team Peacock is a fundraising venture for Upper Iowa University. I agree to meet my minimum fundraising goal no later than Friday, July 17, 2020. If I have not reached my goal by that date, I will provide a credit card payment to the Alumni Office, prior to my RAGBRAI departure with Team Peacock. In addition, I understand I am responsible for a non-refundable Camp Fee deposit payment of \$125 for week-long riders or \$30 per day for daily riders due no later than June 1, 2020.
4. **WITHDRAWAL.** If for any reason, I need to remove myself from the team after June 1, 2020, I understand that I will not receive my Camp Fee deposit back *unless* I secure a replacement rider who will also complete my fundraising goal.

Fundraising Category & Goal Amount:

UIU Affiliation

Week-long Rider Goal

Daily Rider Goal (no more than 3 days)

Friend of UIU

\$1,000

\$250 x _____ days = \$ _____

Faculty, Staff or Board of Trustee rider

\$750

\$200 x _____ days = \$ _____

UIU Alumni, Student, Parent, or Non-rider

\$500

\$150 x _____ days = \$ _____

Fundraising Designation: I choose to direct my fundraising dollars to the following UIU fund, project or program:

(If left blank, funds will be directed to the UIU Fund.)

Team Peacock Rider: _____

(printed name)

(signature)

(date)

Deposit:

Enclosed is my Camp Fee deposit of \$125 for week-long or \$30 per day for daily rider

I have paid my Camp Fee online at

uiu.edu/SupportTeamPeacock

(Select "Team Peacock General Fund")

Additional Rider Info:

Mailing Address: _____

City, State, Zip: _____

Cell Phone #: _____

E-mail: _____

Emergency Contact: _____

Emergency Contact Cell #: _____

*Please return this completed form to the UIU Alumni Office:
P.O. Box 1857, Fayette, Iowa 52142 or email to luzumb@uiu.edu
Rider Agreement forms are due June 1, 2020*