

Directions to the Regional Food Bank:

From the South:

Take I-87N to Exit 6

- Take a left off the exit onto Rt. 7
- Follow Rt. 7 for about 2.5 miles
- Take a left onto Albany Shaker Rd.
- Food Bank will be on your left after approximately 0.2 miles

From the North:

- Take I-87S to Exit 6
- Take a right off the exit onto Rt. 7
- Follow Rt. 7 for about 2.5 miles
- Take a left onto Albany Shaker Rd.
- Food Bank will be on your left after approximately 0.2 miles

The mission of the Regional Food Bank is to be a leader in reducing hunger and alleviating poverty. We work toward this mission by ensuring that all products available for donation reach the Food Bank and are distributed judiciously to our member agencies; by practicing responsible stewardship; and by actively participating in the community to increase awareness of hunger and poverty.



**Regional Food Bank of NENE
1st Annual Fall Harvest Ride
965 Albany Shaker Road
Latham, New York 12110**

2nd Annual Fall Harvest Ride

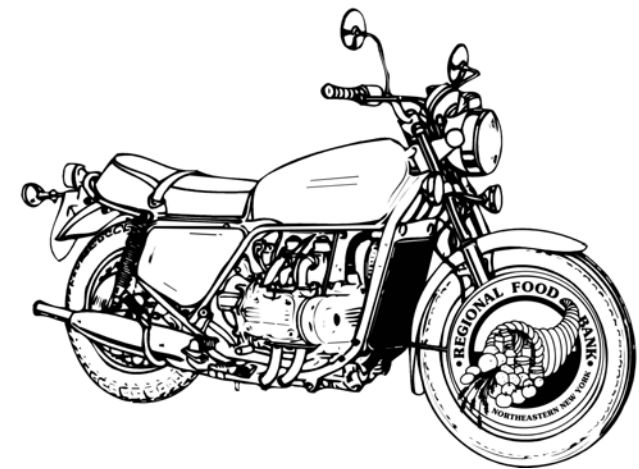
*To benefit the
Regional Food Bank of
Northeastern New York*

Saturday

September, 12 2009

Registration begins at 9:30 a.m.

Ride begins at 11 a.m.



**Registration
Brochure**

Join us in the 2nd Annual Fall Harvest Ride!

Saturday, September 12, 2009
11 a.m.

All proceeds benefit the Regional Food
Bank of Northeastern New York.

In-person registration begins at 9:30 a.m.

Ride begins promptly at 11:00 a.m. at:

Regional Food Bank
965 Albany-Shaker Road
Latham, NY 12110



First 100 registrants receive a free t-shirt!

Day Includes:

- 2-3 hour ride through the hill towns of Albany & Schoharie Counties
- BBQ and Pig Roast following the ride
- Live music by "Contagious"

For additional information or
with any questions, please contact
Bethany Stiles, Special Events Coordinator
(518) 786-3691 x231
bethany@regionalfoodbank.net

RIDER PRE-REGISTRATION

\$25 per rider
\$10 per passenger
\$15 BBQ only

Name: _____ Phone: _____

Address: _____

If applicable:

Passenger Name: _____

PAYMENT METHOD

- A check for the total of \$_____ is enclosed.
(Make checks payable to Regional Food Bank)
- Please charge my card for a total of \$_____.

Master Card Visa American Express

Card # _____ Exp. Date: _____

Signature: _____

*Please note if check or charge is from a name other than the information you listed above:

Please return completed form by **September 4, 2009.**
In-person registration on September 12 will begin at 9:30

RETURN TO:

Regional Food Bank of Northeastern New York
2nd Annual Fall Harvest Ride
965 Albany-Shaker Road, Latham New York 12110

Fax: (518) 786-3004