LOGAN COUNTY
TOBACCO & HERITAGE
FESTIVAL

2026 BIKE RIDE

Saturday, September 26th, 2026

PARTICIPANT ENTRY FORM

THE COURSE

Riders will cycle on one of three circular courses laid out through the rolling farmland of southern Logan County. The ride will start and end at Adairville Baptist Church (327 W. Gallatin St. Adairville, Ky 42202), back parking lot, with the finish circling back to the same location. At any time during the ride, you may turn around and head back to the start location, to shorten the ride. The course will include road hickeys, SAG stops, and SAG vehicles. Traffic control will be provided by the Russellville Police Department and the Logan County Sheriff's Department.

ROUTES & REGISTRATION FEES

18 Mile Route: $20 Before September 18, $30 After
31 Mile Route: $20 Before September 18, $30 After
60 Mile Route: $25 Before September 18, $35 After

SCHEDULE

6:30 AM	**Late registration and course info packet for pre-registered riders at Adairville Baptist Church**
7:45 AM	**Close of registration & Door Prizes**
8:00 AM	**60 Mile Route Start, 31 Mile Route Start, 18 Mile Route Start**

RULES

Helmets must be worn at all times while riding. All riders under the age of 16 must be accompanied by an adult.

2026 RIDE DIRECTOR: Brian Triplett (731)336-0440

Name_____ Age on Race Day _____

Address _____ City, State _____Zip _____

Cellphone # _____ Email _____

PLEASE CIRCLE ONE 18 Mile Route 31 Mile Route 60 Mile Route

T-SHIRT SIZE: Y 14/16 S M L XL XXL

Guaranteed only if registered by 9/11/2026

FEES: 18 & 31 Mile Route: $20 if received by September 18th, $30 after September 18th and on race day. 60 Mile Route$25 if received by September 18th, $35 after September 18th and on race day

Mail & Make checks payable to: Logan County Chamber of Commerce 116 S. Main St., Russellville, KY 42276

In consideration of the acceptance of my entry, I for myself, my executors, administrators, and assignees, do hereby release and discharge all sponsors and individuals assisting in the presentation of the run from all claims of damages, demands, actions, whatsoever in any manner arising or growing out of my participation in said athletic event. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event.

WAIVER MUST BE SIGNED

SIGNATURE _____

(PARENT OR GUARDIAN IF UNDER 18)

DATE _____

OFFICIAL USE ONLY	
DATE: / /	STAFF _____
PAID: _____	INVOICE # _____
CASH / CHECK / CARD	REF # _____