



# CYCLING REGISTRATION REQUEST FORM

Questions? Call (435) 649-3991 Ext 607

Today's Date: \_\_\_\_\_ Participant's Name: \_\_\_\_\_

Disability: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### I would like to register for the following:

*NOTE: Tuesday and Thursday rides are open to ALL ages!*

### **SESSION DETAILS**      **\$48 per session**

Fall Session I	Tuesdays	5:00pm – 7:00pm	Sept 6, 13, 20, 27
Fall Session II	Thursdays	5:00pm – 7:00pm	Sept 8, 15, 22, 29
Fall Session III	October (TBD – Based on weather conditions)		

Special Groups, Private Lessons Call for information (435) 649-3991 Ext 607

**Individual Drop in Request:** *(For participants who are not able to commit to an entire session)*

Cost: \$12 per ride

Date _____	Time _____
Date _____	Time _____
Date _____	Time _____

**Payment Information:**

\_\_\_\_ Please charge my credit card upon confirmation of registration.

Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ CV Code: \_\_\_\_\_

\_\_\_\_ Check enclosed. Check will be processed upon confirmation.

**For office use only:**

\_\_\_\_ Current Membership    \_\_\_\_ Participant Forms Rec'd    \_\_\_\_ Registration Confirmed

\_\_\_\_ Payment Processed    Notes: \_\_\_\_\_