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| --- | --- |
| **GENERAL INFORMATION:** | |
| Name: | |
| Address:  City:  Postal Code: | |
| Home Phone: | Cell Phone: |
| E-Mail: | |
| Birthday (YY/MM/DD): | |
| Would you like to be added to the Newsletter e-mail list? | |
| How did you hear about the Cycling Centre? | |

|  |  |
| --- | --- |
| **EMERGENCY CONTACT INFORMATION:** | |
| Name: | |
| Work Phone: | Cell Phone: |
| Allergies: | |
| Injuries: | |