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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? |

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