Charity Cycling Challenge

www.charitycyclingchallenge.com

2012 ENTRY FORM

TIME & DATE

Saturday, March 31 2012 | *8am - 4pm*

WHERE

Healthtrax Fitness & Wellness | *842 Clark Avenue | Bristol, CT 06010*

TEAM INFO

☐ TEAM ☐ INDIVIDUAL

Team Captain: _____

Team Name: _____

Fundraising Goal: $ _____

CHARITY INFO

Information about the Charity you are riding for

Organization Name: _____

Charity Mailing Address

Street: _____

City: _____ ***State:*** _____ ***Zip:*** _____

RIDER INFO

Please fill out your team information below legibly

Select up to FOUR (4) time slots

1

Name:

E-mail:

Phone:

T-Shirt Size: *Circle ONE (1) SIZE* S M L XL

Preferred Riding Times*:

8 am 9a 10a 11a 12 pm 1p 2p 3p

2

Name:

E-mail:

Phone:

T-Shirt Size: S M L XL

Preferred Riding Times*:

8 am 9a 10a 11a 12 pm 1p 2p 3p

3

Name:

E-mail:

Phone:

T-Shirt Size: S M L XL

Preferred Riding Times*:

8 am 9a 10a 11a 12 pm 1p 2p 3p

4

Name:

E-mail:

Phone:

T-Shirt Size: S M L XL

Preferred Riding Times*:

8 am 9a 10a 11a 12 pm 1p 2p 3p

5

Name:

E-mail:

Phone:

T-Shirt Size: S M L XL

Preferred Riding Times*:

8 am 9a 10a 11a 12 pm 1p 2p 3p

6

Name:

E-mail:

Phone:

T-Shirt Size: S M L XL

Preferred Riding Times*:

8 am 9a 10a 11a 12 pm 1p 2p 3p

7

Name:

E-mail:

Phone:

T-Shirt Size: S M L XL

Preferred Riding Times*:

8 am 9a 10a 11a 12 pm 1p 2p 3p

8

Name:

E-mail:

Phone:

T-Shirt Size: S M L XL

Preferred Riding Times*:

8 am 9a 10a 11a 12 pm 1p 2p 3p

PAYMENT INFO

*Entry fee is **$25** per person. Please total your entry fee below.*
*Please make checks payable to: **Charity Cycling Challenge**.*

Number of Riders: _____ *x* **$25.00** = ***Entry Fee Total:*** $ _____

Amount Enclosed: $ _____ ☐ *Check* ☐ *Cash*

Submit this form with payment to: ***CHARITY CYCLING CHALLENGE, P.O. Box 4169 , Bristol CT 06011***

NOTES

** We will make our best attempt to honor your riding schedule times, however, some adjustments may be necessary.*

*** Riding Times are approximately 50-55 minutes for each hour you are riding.*

Free babysitting will be provided. Facility requires that parents must check in at least once every 2 hours.

Web Site: **www.charitycyclingchallenge.com** | *E-mail:* **info@charitycyclingchallenge.com**
Address: **P.O. Box 4169, Bristol CT 06011** | *Phone:* **860.261.7326** | *Fax:* **860.261.7283**