

# COLORADO HEARTCYCLE 2010 TOUR REGISTRATION FORM

(Please Print Legibly)

NAME: \_\_\_\_\_ SEX: M F AGE \_\_\_\_\_

(ADDRESS INFORMATION MUST BE PROVIDED ON THE REQUIRED MEMBERSHIP FORM)

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Email \_\_\_\_\_

TOUR TITLE and DATE: \_\_\_\_\_

I WISH TO ROOM WITH: \_\_\_\_\_

I HAVE NO ROOMATE PREFERENCE

I REQUEST A PRIVATE ROOM, IF AVAILABLE (and acknowledge that a 50% surcharge is required)

IF TOUR IS FULL:  PLACE ME ON A WAIT LIST (I understand that my check will be cashed)

RETURN MY TOUR DEPOSIT (and not be placed on the wait list)

Emergency Contacts:

1.Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2.Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Needs (Medical): \_\_\_\_\_

Tour Deposit: \$ \_\_\_\_\_

Membership Dues: \$ \_\_\_\_\_ (Individual \$20.00, Family \$25.00)

**ENCLOSE MEMBERSHIP FORM (AND PAYMENT) IF NOT PREVIOUSLY SUBMITTED FOR 2010**

Total Enclosed: \$ \_\_\_\_\_

**I have read the waiver and release information on the back of this form as well as the HeartCycle "Refund and Change" Policy**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send this form with check payable to HeartCycle**

**Mail to: HeartCycle, P.O. Box 100743, Denver, Colorado 80250-0743**