

CrossRoads Cycling Adventures

Registration Form

Name _____ Tour/Year _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone (day) _____ Phone (evening) _____

Fax _____ Email _____

Occupation* _____ Date of Birth _____

**If retired, please indicate former occupation.*

Accommodations: Double (Standard)
 Single

Gender: Male Female

Jersey size: X-Small Small Med
 Lg XL XXL

Retired: Yes No

How did you hear about CrossRoads? _____

Did you speak to a CrossRoads' alumni before registering for tour? _____

How many miles do you ride each year? _____

Do you belong to a bike club? If yes, which club? _____

Will you be raising money for a charity? If yes, which charity? _____

\$250.00 Deposits may be made by check or credit card.

Checks: Payable to: CrossRoads Cycling Adventures
Mail to: 8613 South Lewis Way
Littleton, CO 80127

Credit Card: Visa MasterCard

Credit Card Number _____ Exp. Date _____

Upon receipt of this form and your credit card information, CrossRoads will reserve a space on the above mentioned tour (based on availability). I agree to abide by all stated obligations and rules associated with any tour for which I register.

Signature _____ **Date** _____

**Please see our web site for complete registration and cancellation information*