

## M&M Cycling Race Club Application

Name:		
Date of Birth:	Age as of 12/31/2017	
Address:		
City:	State:	Zip:
Primary Phone Number:	Secondary Phone Number:	
Email Address:		
In Case of Emergency Contact:		
In Case of Emergency Numbers:		
Applicants under 18 years of age please com	plete the following inform	ation
Parent or Guardian's Name:		
Address if different than above:	Phone Number:	
Cycling Information		
Years Riding: Years Ri Disciplines (check any that apply): Road BikingMountain Biking		Recreational
To give us an idea of how the team can best experience to date:	serve your needs, please b	riefly outline your cycling
What are your cycling goals?		