

## Registration Form

Required information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

PH \_\_\_\_\_

### State Rides

BRAG \_\_\_ full week (\$85)    Daily (\$15) # of days \_\_\_\_

Bike Virginia \_\_\_ (\$85)

BRAT \_\_\_ full week(\$85)    Daily (\$15) # of days \_\_\_\_

CNC \_\_\_ full week (\$85)    Daily (\$15) # of days \_\_\_\_

Make checks payable to **CYCLING LOGISTICS**

PRINT this page and send to: Cycling Logistics

115 Deer Path Lane

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