

2019-2020 REGISTRATION FORM
Mail to: Cycle of Life Adventures
PO Box 2049
Blowing Rock, NC 28605
Phone:303-945-9886 Fax: 1-888-818-5690

Please complete this form in a legible manner to register for a trip.
Please complete one form for each person in your party.

Tour: _____ Tour Date: _____

Name: _____

Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Preferred method of contact: Email Phone

Gender: Male Female Age: _____

Accommodations Desired: Two Beds/Share One Bed/Share Single Occupancy (extra charge)

I/we will require accommodations: Night Before Departure Night Following Return

(These nights not included in tour package cost.)

Complete for bike trips:

Will you be renting a bicycle? Yes No

If yes, your height: _____ Style: Drop Upright

Will you need a helmet? Yes No

Please enclose a deposit of \$500 per person and \$50 for each bicycle rental. Total: \$_____

I will be paying by: Credit Card Check

If paying with a credit card, please fill in information below:

Card Type: Mastercard Visa AX

Card Number: _____

Name as it appears on card: _____

3-digit Security Code (found on back of card) _____ Expiration date: _____

Billing address (if different from address above) _____

Signature: _____