

2022- 2023 REGISTRATION FORM

Mail to: Cycle of Life Adventures

PO Box 2049

Blowing Rock, NC 28605

Phone:303-945-9886 EMAIL: info@cycleoflifeadventures.com

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: _____ Date of Birth: _____

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

I/we will require accommodations: Night Before Tour Night Following Tour

(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 (\$250 per FUNDO) 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: _____