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: _____