

## TEAM VELOCITY CYCLES MEMBER APPLICATION

Rider Name	<u>)</u>		
Email: _			
Address: _			
Birthdate: _	//		
Cell phone	number: (		
Bike info:			
Year:	Make:	Model:	
# of years years gracing Cla Not racing Beginner C Class B Class A Class	ng (yet!)	ing:	
Please check	k which plan you	are purchasing:	
	<b>-</b>		
Stop by and us at:	bring your appl	ication along with	h payment, or mail the application to
Veloc	ity Cycles		
	Carlisle Pike		
	anicsburg, PA 17		
Make check	ks payable to Vel	locity Cycles	