

# SPORTS MALL 2009 – 2010 POWER CYCLING CAMP APPLICATION



Name \_\_\_\_\_ Membership # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*\*\*Email \_\_\_\_\_\*\*\* **Camp notices and information is shared primarily by email.** If you choose to not provide an email address, any notices for class changes, weight workouts and other announcements will only be available to you in the Spinning Room. Your email address will NOT be sold, or marketed in any way, outside communications from The Cycle Camp Administrator for information on the 09-10 Cycle Camp, and notices for future camps.

**PLEASE CHECK HERE IF YOU WANT YOUR EMAIL SHARED WITH OTHER CAMPERS FOR ORGANIZED OUTDOOR RIDES AND OTHER RIDING EVENTS: YES  NO**

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Name of Company you work for: \_\_\_\_\_ Title: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

1. Are you currently participating in cycling events, teams or clubs? Please circle one YES NO  
If yes, please indicate which events, teams or clubs:

\_\_\_\_\_

\_\_\_\_\_

2. What do you expect to gain by participating in Cycling Camp?

\_\_\_\_\_

\_\_\_\_\_

Do you currently compete? YES NO Road or Mountain? ROAD MOUNTAIN

If you are not currently involved in competition, are you interested? How might we assist you in starting?

\_\_\_\_\_

## PAYMENT OPTIONS

- TOTAL PACKAGE – Phases 1, 2, 3, 4, Sub-Max Watt Test, Seminar and event rides.

**CIRCLE ONE: MEMBER = \$339 NONMEMBER = \$419**

**IF YOU ARE A NON-MEMBER, YOU HAVE A LIMITED MEMBERSHIP OPTION:**

- Membership Option = \$519 and \$25 per month for full use of the facilities during Cycling Camp  
*This represents a savings on the UP FRONT membership fee of \$275, plus \$54/month on dues.*

METHOD OF PAYMENT: CASH \_\_\_\_\_ PERSONAL CHECK \_\_\_\_\_ CHARGE CARD (List Type) \_\_\_\_\_

OR: SPORTS MALL ACCOUNT CHARGE (LIST NUMBER) \_\_\_\_\_

TOTAL RECEIVED \$ _____	CASHIER INITIAL _____	DATE _____
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