

REGISTRATION FORM

BICYCLE ADVENTURES

Personal Information

Your Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone (day): _____ (eve) _____

Other's Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone (day): _____ (eve) _____

Trip Information

Tour Desired: _____

Tour Date: _____

Accommodations

Room Arrangements (if traveling with another person):

- 1 bed per room 2 beds per room

For Assigning Roommates (if traveling solo):

- I will share a room I will pay extra for a single room

Your Sex: Male Female

- Your Age: 25 or under 26-35
 36-45 46-55
 56-65 66 or older

CAMPING TOURS:

Number of Sleeping Bags Wanted (@\$40): _____

Optional Gear

Number of Helmets Wanted (free): _____

Day Packs Wanted (@\$20): _____

Rental Bicycles Needed:

Yourself: Yes No

Height: _____ Inseam: _____

Bike Type: Road Hybrid

Frame Desired: Diamond Mixte

Other: Yes No

Height: _____ Inseam: _____

Bike Type: Road Hybrid

Frame Desired: Diamond Mixte

Transportation

- Van ride to start of tour. Van ride at end of tour.

Pick me up at:

- airport
 designated hotel

Drop me off at:

- airport
 designated hotel

Payment Information

- I am enclosing my check (payable to Bicycle Adventures)

- Please charge my credit card:

Card #: _____ Expires: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Terms & Conditions

I have read the Bicycle Adventures website and agree to the terms and conditions therein:

Signature: _____ Date: _____

To Register

BY MAIL: Send your completed form (or copy) with \$450 per person (\$250 for camping) down payment to:

BICYCLE ADVENTURES
PO Box 11219, Olympia, WA 98508

BY FAX: Fax your completed form with credit card information to: (360) 786-9661

BY PHONE: Call us at: 800-443-6060

Thanks! You're in for a great adventure!