

CONNECTICUT ADAPTIVE CYCLING
14 ECHO LANE
SIMSBURY, CONNECTICUT 06070

(Please print clearly)

Last Name: _____ First Name _____

Street Address: _____ DOB: _____

City State Zip code

Contact Numbers: (Cell) _____ (Home) _____

Email address _____

Parent Name (if minor): _____

Emergency Contact: _____
Name and telephone number

[] Significant Medical Issues (Describe): _____

Current employer/affiliation/school _____

Languages spoken: _____

Previous Riding Experience (where/when) _____

Membership Category: RIDER _____ VOLUNTEER _____ COACH _____

Membership Dues (annual): Individual: \$25.00 Family: \$50.00

I would like to be listed as an individual Sponsor: \$ 250.00 (Titanium) \$100.00 (Gold) \$50.00 (Silver)

I would like to be listed as a Corporate Sponsor: :\$ 500.00 (Titanium) \$250.00 (Gold) \$100.00 (Silver)

I understand that the C.A.C. is an independent adaptive cycling club and I am responsible for any and all personal cycling equipment expenses incurred. I understand that Connecticut Adaptive Cycling Club will have some adaptive cycles and equipment available for use, and that these cycles may or may not be an exact fit individual needs.

Signature: _____

Date: _____