

**2016-2017 REGISTRATION FORM**

**Mail to: Cycle of Life Adventures**

**8799 W. Cornell Ave # 5**

**Denver, CO 80227**

**303-945-9886**

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: \_\_\_\_\_

Accommodations Desired:  Two Beds/Share  One Bed/Share  Single Occupancy (extra charge)

I/we will require accommodations:  Night Before Departure  Night Following Return

(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 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: \_\_\_\_\_