

# TEAM CARYTOWN BICYCLE COMPANY

## Membership Form

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Birthdate \_\_\_\_\_

Gender M  F

### Category (Choose One)

-Adult single membership \$150 w/ one kit

-Youth single membership \$100 w/ one kit

-Family membership \$35 plus cost of kits

(\$120 for adult kit, \$100 for you kits, please  
list family names) \_\_\_\_\_

Kit Size Jersey S  M  L  XL

Bibs S  M  L  XL

### Racing Category (If applicable)

-Category 1

-Category 2

-Category 3

-Category 4

-Category 5

(Citizens)

To complete membership please complete this form and bring it to Carytown Bicycle Company. Payment can be made at Carytown Bicycle Company with cash, credit/debit or check.

Please make checks out to "Team Carytown Bicycle Co."