



REGISTRATION

Cape Cod & The Islands: September 9-16, 2017

Name: _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone (H) _____

Phone (C) _____

Jersey Size ([Primal Wear Sports Cut Fit Guide](#))

Men ___ XS ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL

Women ___ XS ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL

Dietary Restrictions or Food Allergies: _____

Optional Additions:

_____ **Single Room** (Additional \$750)

_____ **Bike Rental** (\$250)

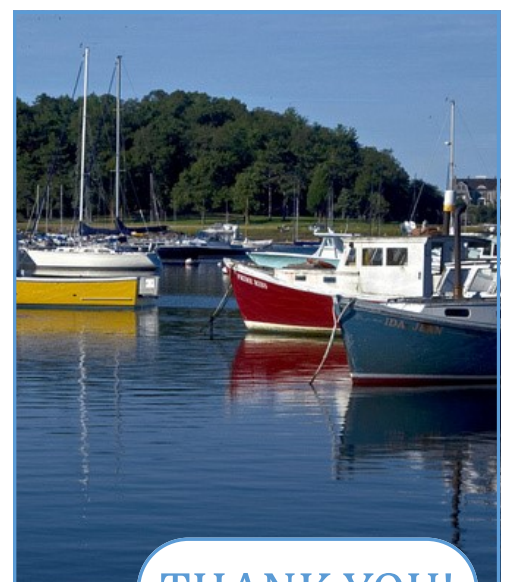
If renting a bike:

Height _____

Pedal Preference: _____ Platform (Standard) _____ None, bringing my own

To reserve your spot this form must be returned with \$500 deposit check payable to Cycling Sights Tours to:

Cycling Sights Tours , c/o Moynihan, 1515 E 9th Ave #311, Denver, CO 80218



THANK YOU!

Questions? Don't hesitate to call

303-931-6455! We are there to help!