



TEAM BIKIN

Team Member Registration Form

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Best Contact Phone Number _____

Best Contact E-mail address: _____



I want to be involved with the leadership of the following activities:

Rally Riders _____

Advocacy _____

Team Rides _____

Team Events _____

Volunteering _____

Pedal Points _____

Team Bikin' Annual Membership Fee of \$25.00 is valid for 2008

Acceptance of Risk:

I, _____, the undersigned, understand that with the participation in any exercise program or athletic activity, there is an inherent risk of personal injury. I am willing to accept this risk and with my signature affirm that I will do everything possible to minimize that risk.

Participant Signature

Date

Please mail this completed registration form with your payment (checks payable to Bikin' Mike) to: **Bikin' Mike, 617 East 18th, Suite 104, Plano, TX 75074**

