Rider Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB ( D/M/Y ) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code \_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Ph. \_\_\_\_\_\_- \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_ Cell Ph. \_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

Race Number Assigned: # \_\_\_\_\_\_

* **Tuesday** Night Racing (10 mile) $25.00 season pd. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Thursday** Night Racing (various ) $40.00 season pd. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Tuesday** and **Thursday** Racing $50.00 season pd. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*Office use only \*

Payment Options:

1. Fill out form and include a cheque payable to Argyll Velodrome Association .

**Mail to:** Argyll Velodrome Association, 6850 88 Street, Edmonton AB  T6E 5H6

1. Fill out form and Pay in person with cash or cheque payable to Argyll Velodrome Association .

**Deliver to:** Argyll Velodrome Association, 6850 88 Street, Edmonton AB  T6E 5H6

Emergency Contact Information :

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Ph. \_\_\_\_\_\_- \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_ Cell Ph. \_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

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

Medical Alerts: ( Allergies, Conditions, etc. )