

TEAM TOWN CYCLE

CLUB MEMBER PROFILE

P.O. Box 557, West Milford, NJ 07480

MEMBERSHIP TYPE					CONTACT INFORMATION						
SINGLE: yes no		FAMILY - # OF MEMBERS:			Address						
Primary Member Name					City/State/Zip						
					Phone #		Cell#				
What type of cycling do you currently enjoy or wish to participate in as a member of Team Town Cycle? Please check all that apply					Email Address						
Road	<input type="checkbox"/>	Group Rides	<input type="checkbox"/>	Road Racing	<input type="checkbox"/>	In case of emergency Contact					
Mountain	<input type="checkbox"/>	Charity Events	<input type="checkbox"/>	Mountain Racing	<input type="checkbox"/>	Relationship					
Touring	<input type="checkbox"/>	Rails to trails	<input type="checkbox"/>	Gravity Racing	<input type="checkbox"/>	Phone #		Cell#			
Recreational	<input type="checkbox"/>	Gravity/Downhill	<input type="checkbox"/>	Other	<input type="checkbox"/>						
Family Member Name					Family Member Name						
What type of cycling do you currently enjoy or wish to participate in as a member of Team Town Cycle? Please check all that apply					What type of cycling do you currently enjoy or wish to participate in as a member of Team Town Cycle? Please check all that apply						
Road	<input type="checkbox"/>	Group Rides	<input type="checkbox"/>	Road Racing	<input type="checkbox"/>	Road	<input type="checkbox"/>	Group Rides	<input type="checkbox"/>	Road Racing	<input type="checkbox"/>
Mountain	<input type="checkbox"/>	Charity Events	<input type="checkbox"/>	Mountain Racing	<input type="checkbox"/>	Mountain	<input type="checkbox"/>	Charity Events	<input type="checkbox"/>	Mountain Racing	<input type="checkbox"/>
Touring	<input type="checkbox"/>	Rails to trails	<input type="checkbox"/>	Gravity Racing	<input type="checkbox"/>	Touring	<input type="checkbox"/>	Rails to trails	<input type="checkbox"/>	Gravity Racing	<input type="checkbox"/>
Recreational	<input type="checkbox"/>	Gravity/Downhill	<input type="checkbox"/>	Other	<input type="checkbox"/>	Recreational	<input type="checkbox"/>	Gravity/Downhill	<input type="checkbox"/>	Other	<input type="checkbox"/>
Family Member Name					Family Member Name						
What type of cycling do you currently enjoy or wish to participate in as a member of Team Town Cycle? Please check all that apply					What type of cycling do you currently enjoy or wish to participate in as a member of Team Town Cycle? Please check all that apply						
Road	<input type="checkbox"/>	Group Rides	<input type="checkbox"/>	Road Racing	<input type="checkbox"/>	Road	<input type="checkbox"/>	Group Rides	<input type="checkbox"/>	Road Racing	<input type="checkbox"/>
Mountain	<input type="checkbox"/>	Charity Events	<input type="checkbox"/>	Mountain Racing	<input type="checkbox"/>	Mountain	<input type="checkbox"/>	Charity Events	<input type="checkbox"/>	Mountain Racing	<input type="checkbox"/>
Touring	<input type="checkbox"/>	Rails to trails	<input type="checkbox"/>	Gravity Racing	<input type="checkbox"/>	Touring	<input type="checkbox"/>	Rails to trails	<input type="checkbox"/>	Gravity Racing	<input type="checkbox"/>
Recreational	<input type="checkbox"/>	Gravity/Downhill	<input type="checkbox"/>	Other	<input type="checkbox"/>	Recreational	<input type="checkbox"/>	Gravity/Downhill	<input type="checkbox"/>	Other	<input type="checkbox"/>
Primary Signature										Please complete and attach a waiver for each family member participating in the club	
Date:											
<i>Parent/Guardian signature is required if Primary Member is under 18</i>											
Parent/Guardian										Date:	

