REGISTRATION FORM

(PLEASE PRINT)

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

PLEASE CHOOSE YOUR DISTANCE BELOW:

___ $33 PICCOLO (33 MILE)

___ $62 MEDIO (62 MILE)

___ $100 GRAN (100 MILE)

___ $20 CRUISER (5 Mile)

PAYMENT INFO: ___ VISA ___ MASTERCARD ___ AMEX

NAME ON CARD: _____

CARD NO.: _____

EXP: _____ CVV: _____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE):

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____

PLEASE EMAIL TO: KELLY@TEAMTONY.ORG

OR FAX TO: 941-227-4404