

Registration Form

Name: _____

Address: _____

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

Best Phone # : _____

Best E-mail address: _____

My biggest cycling challenge/problem is: _____

_____

_____

_____

All rides start & finish at
3701 W. Spring Creek Parkway
Plano, TX 75023
South Parking lot by Spring Creek

Starting April 13, 2027
Tuesdays at 6:00PM
Thursdays at 6:00PM
Saturdays at 8:00AM

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. I will wear a helmet and obey all traffic laws during all training rides.

_____ _____
Participant Signature **Date**

Please bring this completed registration form to your first ride

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ENTERPRISES