

Calvin's Challenge Registration

May 1, 2010

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Age on 5/1/10: _____ Gender: Male Female

Email: _____

	Early Bird (before Jan 15, 2010)	Jan 16, 2010 - April 15, 2010	April 16, 2010- Day of Race
12 Hour Race Single or Tandem	\$45 <input type="checkbox"/>	\$55 <input type="checkbox"/>	\$65 <input type="checkbox"/>
6 Hour Race Single or Tandem	\$40 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$60 <input type="checkbox"/>
100 Mile Time Trial	\$40 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$60 <input type="checkbox"/>
Team Registration (12 hour only)**			
2 Person Team	\$80 <input type="checkbox"/>	\$90 <input type="checkbox"/>	\$105 <input type="checkbox"/>
4 Person Team	\$155 <input type="checkbox"/>	\$180 <input type="checkbox"/>	\$205 <input type="checkbox"/>
Fun Ride	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$15 <input type="checkbox"/>
T-shirt Order -- \$12.00 each SM <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> ~See website for design			
Registration Fee:	\$ _____		
T-shirt total:	\$ _____		
Total Enclosed: \$ _____			

Category (choose one):

Single Bike Recumbent
 Handcycle Single Speed
 HPV (streamliner) High Wheeler

Tandem: MF MM FF

Teams *: 2 Person 4 Person

Team Name:

Team Members * :

1. _____
 2. _____
 3. _____
 4. _____

* Submit all team member registration in one envelope.

Make Check Payable to
“Calvin's Challenge”
 Mail to: Calvin's Challenge,
 P.O. Box 937, Worthington, OH 43085

Or Register online at:
www.calvinschallenge.com

Confirmations via email only