



Kamloops Legacy Performance Games

Cycling – XCTT, XCO and XCTR June 27-30 2013

Thank you for your interest in participating in the Kamloops Legacy Performance Games on June 27-30 2013. We are excited to have you there!

Please fill out the form below and 2013 waivers (one per rider) and return to Nicole Rochefort via email: nicole@cyclingbc.net or fax: 604-737-3141.

Additional information regarding the final schedule and start list will be provided a few weeks before the event.

Cost: \$400/team of 4 riders (2 boys & 2 girls), \$50/coach or manager includes entry into the 3 events, a participant prize on behalf of the Kamloops Sports Council, admission to the Opening and Closing Ceremonies, the Banquet dinner on Friday and podium medals!

Team Name: _____

Rider 1 of 4

Rider Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Province/State: _____ Postal/ZIP _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Coach Name: _____ Coach Phone: _____

Emergency Contact Information

Contact Name: _____ Contact Phone: _____

Relationship: _____

Medical Information

Any Medical Information that we should know of? If so please list below.

Dietary Concerns for Athlete Banquet: _____

Kamloops Hotel or other Accommodation Name: _____



Rider 2 of 4

Rider Information

First Name: _____ Last Name: _____
Address: _____
City: _____ Province/State: _____ Postal/ZIP _____
Daytime Phone: _____ Evening Phone: _____
Email Address: _____
Coach Name: _____ Coach Phone: _____

Emergency Contact Information

Contact Name: _____ Contact Phone: _____
Relationship: _____

Medical Information

Any Medical Information that we should know of? If so please list below.

Dietary Concerns for Athlete Banquet: _____
Kamloops Hotel or other Accommodation Name: _____

Rider 3 of 4

Rider Information

First Name: _____ Last Name: _____
Address: _____
City: _____ Province/State: _____ Postal/ZIP _____
Daytime Phone: _____ Evening Phone: _____
Email Address: _____
Coach Name: _____ Coach Phone: _____

Emergency Contact Information

Contact Name: _____ Contact Phone: _____
Relationship: _____

Medical Information

Any Medical Information that we should know of? If so please list below.

Dietary Concerns for Athlete Banquet: _____
Kamloops Hotel or other Accommodation Name: _____

Rider 4 of 4

Rider Information

First Name: _____ Last Name: _____
Address: _____
City: _____ Province/State: _____ Postal/ZIP _____
Daytime Phone: _____ Evening Phone: _____
Email Address: _____
Coach Name: _____ Coach Phone: _____

Emergency Contact Information

Contact Name: _____ Contact Phone: _____
Relationship: _____

Medical Information

Any Medical Information that we should know of? If so please list below.

Dietary Concerns for Athlete Banquet: _____
Kamloops Hotel or other Accommodation Name: _____

Coach or Manager Information (Please fill out one form per coach or manager)

Coach or Manager Information

First Name: _____ Last Name: _____
 Address: _____
 City: _____ Province/State: _____ Postal/ZIP _____
 Daytime Phone: _____ Evening Phone: _____
 Email Address: _____

Emergency Contact Information

Contact Name: _____ Contact Phone: _____
 Relationship: _____

Medical Information

Any Medical Information that we should know of? If so please list below.

Dietary Concerns for Athlete Banquet: _____
 Kamloops Hotel or other Accommodation Name: _____

Payment Information

Number of riders: _____ \$400 for a team of 4
 Number of Coachess/Managers: _____ X \$50 = \$ _____
 Total Payment Amount: \$ _____

Payment Type: Visa Mastercard Cheque*
**make payable to Cycling BC*

Card Number: _____
 Expiry Date: _____
 Cardholder Signature: _____

Please return completed form to Nicole Rochefort, Communication & Events Coordinator
 Cycling BC via email nicole@cyclingbc.net or fax: 604-737-3141