



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: Provide	nce/State:	Postal/ZIP		
Daytime Phone:	Evening Phone:			
Fmail Address				
Coach Name:	Coach Pho	one:		
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:				



t: 604-737-3034 e: <u>info@cyclingbc.net</u>

w: cyclingbc.net





Rider 2 of 4

Rider Information			
First Name:	Las	t Name:	
Address:			
City:	Province/State:	Postal/ZIP	
Daytime Phone:	Ev	ening Phone:	
Email Address:			
Coach Name:	Co	oach Phone:	
Emergency Contact Inf	formation		
Contact Name:	Co	ntact Phone:	
Relationship:			
Medical Information			
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Any Medical Information	n that we should know of?	ii so piease list below.	
Dietary Concerns for Atl	hlete Banguet:		
Kamloops Hotel or other Accommodation Name:			



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Rider 3 of 4

Rider Information				
First Name:	Last Na	ame:		
Address:				
City:	Province/State:	Postal/ZIP		
Daytime Phone:	Eveni	ng Phone:		
Email Address:				
Coach Name:	Coac	th Phone:		
Emergency Contact Info	ormation			
Contact Name:	Conta	act Phone:		
Relationship:	_		_	
Medical Information				
Any Medical Information that we should know of? If so please list below.				
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Dietary Concerns for Ath	•			
Kamloops Hotel or other	Accommodation Name:			



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Rider 4 of 4

Rider Information				
First Name:	Last	Name:		
Address:				
City:	Province/State:	Postal/ZIP		
Daytime Phone:	Eve	ning Phone:		
Email Address:				
Coach Name:	Со	ach Phone:		
Emergency Contact Informat	tion			
Contact Name:	Con	tact Phone:		
Relationship:				
Medical Information				
	we should know of?	If so please list helow		
Any Medical Information that we should know of? If so please list below.				
Dietary Concerns for Athlete Banquet:				
Kamloops Hotel or other Accommodation Name:				



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

Coach or Manager Information	
	ast Name:
Address:	
City: Province/State:	Postal/ZIP
Daytime Phone:	
Email Address:	
Emergency Contact Information	
Contact Name: Contact Phone:	
Relationship:	
Medical Information	
Any Medical Information that we should know o	f? 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: \$	
<u> </u>	
Payment Type: Visa Mastercard	Cheque*
rayment type. — visa — mastercard	•
	*make payable to Cycling BC
Card Number:	
Expiry Date:	
Cardholder Signature:	
Please return completed form to Nicole Rochefor	rt Communication & Events Coordinator
Cycling BC via email nicole@cyclingbc.net or fax	

