NATIONAL LEVEL BMX CCOMMISSAIRE COURSE

April 7- 8 2007 – English
Victoria, British Columbia
REGISTRATION / APPLICATION FORM

Name: _____

Address: _____

City / Town: _____ Province:_____Postal Code:_____

Phone: ( )_____ Phone: ( )_____ Fax: ( )_____

E-mail: < >

Current Level: _____ Licence Number:_____

Provincial Association: YES / NO By: _____
Please circle *Provincial Association representative*

Please note: Candidates must obtain authorization directly from their Provincial Association.

Payment for accommodation can be made by personal cheque or VISA

Cheques must be made out to the *CANADIAN CYCLING ASSOCIATION*

For VISA payments, please provide the following:
Name of cardholder: _____
Card number:_____
Expiry date: _____

Date:_____ Signature:_____

REQUEST FOR ACCOMMODATION

Yes, I will require accommodation, to be booked in my name, from April_____ to April _____. (*Room rates will be based on double occupancy*).

All registrations must be received by the CCA no later than March 23rd 2007
Registrations will be accepted in the order that they are received.

2197, Riverside Drive, Suite 203, Ottawa, Ontario K1H 7X3
Tel: 613 248-1353; Fax: 613 248-9311; e-mail: officials@canadian-cycling.com