

BIKE FLORIDA REGISTRATION

Name: _____

Email: _____

Telephone: _____

Mailing address: _____

Date of tour: _____

Tour Packages

(Please indicate which package you have chosen)

- _____ \$2000.00 7-Day October Registration (dblerm. occ.)
- _____ \$2300.00 7-Day October Registration (privaterm.)
- _____ \$1800.00 7-Day Regular Registration (dblerm. occ.)
- _____ \$2100.00 7-Day Regular Registration (privaterm.)
- _____ \$50.00 Bike Rental (bike & helmet rental)

All packages include breakfasts, dinners, lodgings, maps & cue sheets, luggage transport, ride leader & "SAG" support, and evening programs.

Payment Information

Amount to be received with this form:

Please indicate which form of payment you have chosen.

- _____ Check *(please make checks payable to Bike Florida)*
- _____ Credit Card

Please mail Registration Forms to:

Bike Florida
P.O. Box 5295
Gainesville, FL 32627

Credit Card Payment Form

Name of participant:

Name as it appears on card:

Type of Credit Card:

Only MasterCard and Visa are accepted
_____ MasterCard _____ Visa

Credit Card number:

Amount to be charged: _____

Expiration date: _____

I hereby, authorize the above amount to be charge to the indicated credit card.

Signature of card holder:

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