



JULY 18TH 2009

Official Registration Form

LAST NAME _____ FIRST NAME _____

ADDRESS _____ UNIT # _____

CITY _____ STATE _____ ZIP _____

TEAM / SPONSOR _____

EMAIL _____

PHONE _____ BIRTHDAY _____

RACING AGE as of 12/31/09 _____ GENDER _____

Age Divisions	
19-29	_____
30-39	_____
40-49	_____
50+	_____
Single Speed Open	_____

Entry fee includes an epic course, custom race apparel, racer goody bag, aid stations, awards, post-race dinner and more. A rewarding opportunity is also available to those non-racers who are interested in joining our volunteer race crew. Sign up on our volunteer page at www.warriorscyding.com or call 970-262-9129.

B-32 July 18th

SOLO - 32 Miles

\$ 45.00 _____

T-Shirt Size (circle one) - S M L XL

TOTAL: _____

Make Checks Payable to:

Warriors Cycling: 177 Razor Dr, Keystone, CO 80435