

For Office Use Only
 ___ Program Application
 ___ Insurance Medical Release
 ___ Mbsef Release
 ___ Scholarship Request
 ___ Loaner Bike Request
 ___ Date Entered

MT. BACHELOR SPORTS EDUCATION FOUNDATION



2017 MBSEF CYCLING JUNIOR PROGRAM ENROLLMENT

Participant Name _____ Parent E-Mail _____
 (Please Print Legibly)

Athlete E-Mail _____
 (Email Addresses For Newsletters, Updates and Training Changes)

Birth Date ____/____/____ Age ____ Sex ____

Mailing Address _____ City _____ State _____ Zip Code _____

Father's Name _____ Home Phone # (____) _____ Cell # (____) _____

Mother's Name _____ Home Phone # (____) _____ Cell # (____) _____

Were you an MBSEF member last winter season? ___ Yes ___ No
 If YES, which program? _____ Coach: _____
 If NO, attach MBSEF Liability Waiver and Release, and Medical Form.

(Enroll by checking the appropriate program in boxes below; sign at bottom; complete separate liability form)

SESSION VII WEDNESDAYS		Age 7-14
MBSEF CLUB MTB CYCLING		
WEDNESDAYS September 13,20,27, October 4		
Wednesdays After School	<input type="checkbox"/>	\$115
Yes, I want picked up from my school!		
School _____		
(Some outlying schools may need athletes brought to MBSEF)		
No, I do not want to be picked up from school. I will meet at the trailhead.	<input type="checkbox"/>	\$85

SESSION VII FRIDAYS (SEVEN PEAKS)		Age 7-14
MBSEF CLUB MTB CYCLING		
FRIDAYS September 15,22,29, October 6		
Fridays After School	<input type="checkbox"/>	\$115
Yes, I want picked up from my school!		
School _____		

Payment: Cash Check Visa Mastercard

Amount Paid \$ _____ Date Paid _____ Check/Ref # _____ Balance Due _____

Credit Card # _____ Exp _____

Name _____ CVC Code _____

Signature _____

Office Use Only: Acct. Initials _____ Date Posted _____

SUBTOTAL	\$ _____
OPTIONAL DONATION TAX DEDUCTIBLE	\$ _____
TOTAL	\$ _____

PARENT SIGNATURE _____ DATE _____