

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.

Questions? Email mbsef@mbsef.org

(Enroll by checking the appropriate program in boxes below; sign at bottom)

MBSEF CYCLING CLUB MTB PROGRAM MOUNTAIN BIKE TEAM		9:00-11:00am June-July-Aug Sessions		Age 6-14
<u>June 26-July 6 (Skips July 4) Session III</u>		<u>July 24-Aug 3 Session V</u>		
2 Day/Wk (Circle 2 Mo/Tu/We/Th) <input type="checkbox"/> \$ 80	<input type="checkbox"/> \$ 80	2 Day/Wk (Circle 2 Mo/Tu/We/Th) <input type="checkbox"/> \$ 80	<input type="checkbox"/> \$ 80	
3 Day/Wk (Circle 3 Mo/Tu/We/Th) <input type="checkbox"/> \$110	<input type="checkbox"/> \$110	3 Day/Wk (Circle 3 Mo/Tu/We/Th) <input type="checkbox"/> \$110	<input type="checkbox"/> \$110	
4 Day/Wk <input type="checkbox"/> \$130	<input type="checkbox"/> \$130	4 Day/Wk <input type="checkbox"/> \$130	<input type="checkbox"/> \$130	
<u>July 10-20 Session IV</u>		<u>Aug 14-24 Session VI</u>		
2 Day/Wk (Circle 2 Mo/Tu/We/Th) <input type="checkbox"/> \$ 80	<input type="checkbox"/> \$ 80	2 Day/Wk (Circle 2 Mo/Tu/We/Th) <input type="checkbox"/> \$ 80	<input type="checkbox"/> \$ 80	
3 Day/Wk (Circle 3 Mo/Tu/We/Th) <input type="checkbox"/> \$110	<input type="checkbox"/> \$110	3 Day/Wk (Circle 3 Mo/Tu/We/Th) <input type="checkbox"/> \$110	<input type="checkbox"/> \$110	
4 Day/Wk <input type="checkbox"/> \$130	<input type="checkbox"/> \$130	4 Day/Wk <input type="checkbox"/> \$130	<input type="checkbox"/> \$130	

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 _____