



NATIONAL LEVEL BMX CCOMMISSAIRE COURSE

January 26-27, 2008 – English

Toronto, Ontario

REGISTRATION / APPLICATION FORM

Name: _____

Address: _____

City / Town: _____ Province: _____ Postal Code: _____

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

E-mail: < _____ >

Current Level: _____ UCI licence code: _____

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
January _____ to January _____. (*Room rates will be based on double occupancy*).

All registrations must be received by the CCA no later than January 11, 2008
Registrations will be accepted in the order that they are received.

