

The Crossing



*Cycle Canada,
The Veloforce
Corporation*

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This application is the first step in registering for The Crossing. It is simply an information form for us and does not commit you to the ride. Upon receipt of this form, we will send you a package of material with information about the ride, forms for registration, and forms to be completed by, or on behalf of, a sponsor, where applicable. This application is confidential in accordance with our privacy policy.

Registration Application for Solo Rider or Captain of a Tandem Team

Name: _____

Street Address: _____

City: _____

Province/State: _____

Postal Code: _____

E-mail: _____

Telephone: _____

Fax: _____

Do you intend to be a sponsored rider: Yes No

Registration Application for Stoker on a Tandem Team

Name: _____

Street Address: _____

City: _____

Province/State: _____

Postal Code: _____

E-mail: _____

Telephone: _____

Fax: _____

Do you intend to be a sponsored team: Yes No

Registration Application for Segment Team

Name of Team Leader: _____

Street Address: _____

City: _____

Province/State: _____

Postal Code: _____

E-mail: _____

Telephone: _____

Fax: _____

Please list names and contact information for other team members on reverse of this page.

Does your team intend to be a sponsored team: Yes No