

Application for the FLORIDA TRAILS TOUR 2009

Last Name: _____ First Name _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone : (_____) _____ - _____ Circle your shirt size (Golf type shirt) SM Med LG XL XXL

Phone in an emergency: (_____) _____ - _____

eMail Address: _____

Name of Health Insurance Carrier: _____

You will be asked to sign a waiver of liability which will be mailed to you prior to the tour if time is available or when you check into the hotel the first night.

Roommate preference? (yes) or (No) (Circle one, if yes, enter name below)

Name _____

Fee - \$995.00 (Single option + \$350.00)

You may make a deposit of one half the fee, balance due 15 days before the tour start date.

Amount Enclosed: \$ _____ Balance due: \$ _____ Due date: _____

Make check payable to bicycleSAVANNAH, LLC and mail to:

PO Box 766

Rincon, GA 31326

This is for: January February (Please circle month)

Note:

Alcohol beverages are not included due to bicycleSAVANNAH, LLC Insurance.