

MICHIGAN YOUTH CYCLING PROGRAM
WWW.MICHIGANYOUTHCYCLING.ORG
2011 Iceman Registration Transfer Form

Original Entrant

First Name:		Last Name:		
Address 1:				
Address 2:				
City:	State:		Zip:	
Phone #:				
E-mail:				
Gender:	Birthdate:		Age:	
Race:	Iceman	Slush Cup		
Race Category:	Age based	Clydesdale	Singlespeed	Pro
Current Rider Signature:				

New Rider

First Name:		Last Name:		
Address 1:				
Address 2:				
City:	State:		Zip:	
Phone #:				
E-mail:				
Gender:	Birthdate:		Age:	
Race:	Iceman	Slush Cup		
Race Category:	Age based	Clydesdale	Singlespeed	Pro
2010 Time				
Emergency Contact name & Phone:				
Team Name:				

The following needs to be filled out in order to complete transfer. If not filled out, the form will be sent back to you. If paying by Credit Card, there will be a 3% charge.

Name of person paying donation: _____

Check _____

Check #: _____

Make Checks Payable to:

Credit Card _____

Kids Race Sports

Money Order _____

Development Inc.

Please complete form and mail back by October 15, 2011 with \$20.00 transfer fee to:

Kids Race Sports Development Inc.

C/O Christine O'Neil

10156 Honeycomb Ct.

Pinckney, MI 48169