



Check individual program descriptions for deadlines and early registration discounts!

Please print and complete the form below.

Complete one registration form for each member of your family.
Make a photocopy if necessary.

Name _____

Mailing Address _____

City _____

State _____ Zip _____

Age _____ Email _____

(H) Phone _____ (W) Phone _____

Cell Phone _____

Physical Address _____

Cycling Experience _____

Parent signature if under 18 _____

Signature _____

Emergency Contact _____

Phone _____

Enclosed is my check made payable to
Vail Mountain Bike Camps, Inc. for \$ _____.

I will attend the following session(s):

Health Insurance Provider _____

Card Number _____

Registration must be received three days prior to camp.

No refunds within 72 hours. No day of camp registration. No rider will be permitted to participate without proof of valid health insurance.

Send registration form with payment to:

Vail Mountain Bike Camps

P.O. Box 3073

Vail, CO 81658

Phone: (970) 470-3431

email: info@vailmountainbikecamps.com