



AthletiCamps Registration Form

Name

Address

City, State, ZIP

Phone _____

Email Address _____

Camp Attending _____

How much do you ride per week: Miles? _____ Hours? _____

Height: _____ Weight: _____ Age: _____

What are your goals in terms of cycling/triathlons?

What are your goals of the Camp?

Where did you hear about AthletiCamps?

Please include payment and address to:

AthletiCamps
3020 Twin Creeks Lane
Rocklin, CA. 95677

Thank you. We'll be contacting you shortly.

