



ONLY ONE PERSON PER FORM (Please make photocopies)

Name: _____

Address: _____

City, State, Zip: _____

Your Phone: _____

Email address: _____

EMERGENCY PHONE: _____ (required)

CHECK HERE IF UNDER AGE 18. PARENT OR GUARDIAN MUST SIGN RELEASE.

Club Affiliation: _____

Photo release:
I give you permission to use my likeness in future advertising. Yes No

How did you hear about the SCMC? _____

Did you see our web site? <http://www.santacruzcycling.org>

For more information - century@santacruzcycling.org

Thank you!

Route Choices (check one):

Metric Century _____ Full Century _____

_____ Fees for all routes _____

Received before July 15, 2006 \$35

Received on or after July 15, 2006 \$45

_____ No. of long-sleeved T-shirts at \$24 each

Check Size(s): ___ M ___ L ___ XL ___ XXL

Route Fee \$ _____

T-shirt cost \$ _____

Total enclosed \$ _____

Please make check or money order payable to: **SCCCC - Mountains Challenge**

Mail to: SCCCC, P.O. Box 8342,
Santa Cruz, CA 95061-8342