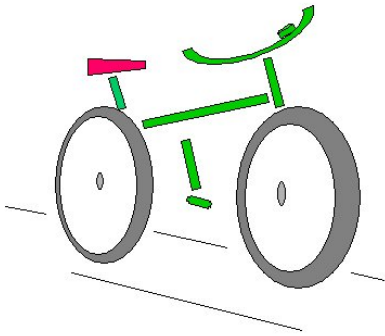


**CYCLERITE**



Tel: 01234 838548  
Mobile: 07880 674403  
info@cyclerite.co.uk  
www.cyclerite.co.uk

# APPLICATION FORM FOR CYCLE TRAINING

NAME: .....  
ADDRESS: .....  
.....  
.....  
PHONE NO's: .....  
EMAIL ADDRESS: .....  
EMERGENCY CONTACT NAME: .....  
EMERGENCY PHONE NO's: .....

ARE THERE ANY SPECIAL MEDICAL CONDITIONS  
THAT MAY AFFECT THE TRAINING:.....  
.....  
.....  
.....

Can you ride a bicycle? ..... Do you own a bicycle?.....  
What is your Ethnicity? ..... What is your age? .....  
For complete beginners what weight / height are you? .....  
Do you require hiring a bicycle from Cyclerite? .....  
Do you require a cycle helmet from Cyclerite? .....  
When did you last ride a bicycle? .....  
Where do you usually ride? .....  
Do you need to build up your confidence? .....  
Have you ever fallen from a bicycle and when? .....  
Do you have a specific aims in mind? .....  
Where did you find the details for **Cyclerite**?.....

Photographic Consent.

I agree for my photograph to be used by Cyclerite for publicity purposes only, NO NAMES WILL BE USED. Please sign below if for photographs/videos can be taken:

Signed: ..... Thank you

I understand the conditions for booking a cycle course and agree to abide by them.

Trainee's signature: .....

Date: .....

I will give payment to the instructor on completion of each session at the price quoted at the time of booking.