Sample Registration Form

Bicycle Newfoundland and Labrador

PO Box 13241, Station A St. John’s, NL A1B 4A5

Email: [admin@bicyclenl.com](mailto:admin@bnl.nf.ca)

**Please note** - Ride coordinators must ensure that participants sign-in at the start of each ride or event and that completed forms are kept on file following rides in the event of an insurance claim.

**Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event:** 2018/\_\_\_\_/\_\_\_\_

**\*\* By signing below I attest that I am a member in good standing with BNL\*\***

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| --- | --- | --- | --- | --- | --- | --- |
| **Name (Print)** | **Cell#** | **Emergency Contact Name** | **Tel#/Cell#** | **BNL Member (Y/N)** | **Signature** | **E-mail address** |
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