The Giro di San Diego GranFondo
September 13, 2015

Please fill in ALL Questions and Print Legibly
PARTICIPANT INFORMATION
(All information is Mandatory!)

First Name: _____

Last Name: _____

Gender: **Male** **Female**

Birthdate: _____

Email: _____

Cell Phone: ( ) _____

Address: _____

City: _____

State: _____

Zip/Postal Code: _____

Emergency Contact Name _____

Emergency Contact Cell Phone ( ) _____

Circle Length and Price of your event:

- Gran Fondo 105 Miles $119
- Medio Fondo 65 miles $105
- Piccolo Fondo 38 miles $75
- TRAIL QUEST Mountain bike 30 mile $60
- Trail Quest 10 mile $50

TOTAL ENCLOSED $ _____

PayPal ☐
Cash ☐
Check ☐
or
Credit Card Authorization

Card Type (circle) **Visa** **Master Card**

Name on Card: _____

Credit Card Billing Address:
Check Box if same as participant address

Street: _____

City: _____ State: _____

Zip: _____

Card number:

___ ___ ___ ___-___ ___ ___ ___ -___ ___ ___ ___-___ ___ ___ ___

Expiration Date: _____ ____ / ____ ____

CEV Code: ____ ____ ____

Signature: _____