



Registration Form

Please complete the following for each participant and mail or fax to:

CycleWest Ireland, Ltd., 27 Pairc na hAbhann, Athenry, Co. Galway, Ireland

Fax: USA: 1-208-475-8910 or email to info@cyclewest.com

I, the undersigned have read and agree to the Terms and Conditions set forth by CycleWest Ireland. Deposit of €250.00 per person is enclosed.

Name 1 _____ Age (s) (if minor) _____
Name 2 _____ Age (s) (if minor) _____
Name 3 _____ Age (s) (if minor) _____

Street Address _____

Street Address _____

City, State and Zip _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Email address _____

Tour Information

Please indicate which tour you are interested in with first and second tour date preferences:

Name of Tour _____ Self Led _____ Guided _____ Classic _____ B&B _____

Tour 1 _____ Date _____ (optional) Tour 2 _____ Date _____

Bike Information:

Participant 1: Men's Frame ___ Women's Frame ___ Personal Height _____ Inseam length _____

Participant 2: Men's Frame ___ Women's Frame ___ Personal Height _____ Inseam length _____

Please note we do not supply toe clips – you may elect to bring your own

Accommodation:

We are traveling together and would like:

two twin beds _____ one double bed _____

I would like to share with another participant _____

I would like single accommodation _____

(single room supplement applies)

We are travelling with group (name of additional travellers) _____

Payment Method:

Credit Card _____ Euro Bank Draft _____ Money Order _____

Method of Payment:

VISA _____ MasterCard _____

Card Number: _____

3 digit Pin _____ (as listed on the back of your card, following your acct. number)

Cardholder Name: _____

Cardholder Billing Address: _____

Expiration Date: _____ Signature _____

I hereby authorise payment to CycleWest Ireland Euro 250.00 ** deposit, per person per tour and the remaining balance 60 days prior to tour start date. ** USD subject to Euro rate of exchange at time of payment