



WOLF CREEK WHEEL CLUB

## WOLF CREEK WHEEL CLUB APPLICATION

NAME(S): \_\_\_\_\_

NAME(S): \_\_\_\_\_

MINORS' NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL(S): \_\_\_\_\_

PHONE #: \_\_\_\_\_

SELECT ONE: INDIVIDUAL \$30  FAMILY \$50

MAIL THE APPLICATION, WAIVER, AND PAYMENT TO:

WOLF CREEK WHEEL CLUB

PO BOX 3241

PAGOSA SPRINGS, CO 81147

WHAT IS YOUR PRIMARY BIKING INTEREST?

ROAD  MOUNTAIN  BOTH

WOULD YOU BE INTERESTED IN VOLUNTEER OPPORTUNITIES? (IE. TRAIL WORK, HELP AT RACES, HIGHWAY CLEAN UP, HOSTING A SOCIAL EVENT)

YES  NO