



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

WHAT SIZE SOCKS DO YOU WANT?

SM/MD LG/XL NO SOCKS FOR ME. KEEP THE MONEY FOR TRAILS

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