

# **RAMPAGE RACE TEAM APPLICATION FORM**

(To be filled out by the athlete)

## **PERSONAL INFORMATION:**

Athlete Name:	
Athlete Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Athlete Date of Birth (YYYY/MM/DD):	
City (Permanent Residence):	
Athlete Email Address:	
Athlete Home Phone Number:	
Athlete Cell Phone Number:	

## **PARENT/GUARDIAN INFORMATION:**

Parent/Guardian #1 Name:	
Parent/Guardian #1 Relation to You	
Parent/Guardian #1 Email Address:	
Parent/Guardian #1 Home Phone #:	
Parent/Guardian #1 Cell Phone #:	

Parent/Guardian #2 Name:	
Parent/Guardian #2 Relation to You	
Parent/Guardian #2 Email Address:	
Parent/Guardian #2 Home Phone #:	
Parent/Guardian #2 Cell Phone #:	

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What style of bicycle racing would you like to be considered for (please check one)?

- ROAD
- MTB-XC
- MTB-DH
- CYCLOCROSS
- PARA

Please list the RMCC programs that you have been enrolled in in the past 12 months:

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Are you willing to commit to a year round training program and team that is dedicated to the sport of cycling and racing at a high performance level?

YES

Describe your goals for 2017 in brief:

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Are you planning on competing with another sports club or team while being a member of this RMCC Rampage Race Team?

Yes  / No

If "yes", please describe your time commitments to that other sports club and how you would negotiate any schedule conflicts.

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Please list your top 3 bicycle racing achievements in the past 2 years and your results/placement at that race:

Year	Race	Division	Result/Placement

Do you currently have any sponsorship? \_\_\_\_\_

If "yes", please describe the relationship with these sponsors. If "no" please specify certain equipment needs you have a shortfall in:

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Are you aware that there are fundraising commitments required, on your behalf, if you were to become a member of this team?

Yes  / No