



**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / Province / Postal Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**MCA License Number (CAN):** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

(You will not receive spam e-mail, you will receive the workout that we do each week for if you would like to do it again at home)

**Fee – Please Circle:**                      **Cash**                      /                      **Cheque**

(Made payable to: Manitoba Cycling Association)

**Amount Paid:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

**Women's Program Winter 2017**      10 Wednesday's: January-March

- |           |              |
|-----------|--------------|
| 1. Jan 11 | 6. Feb 15    |
| 2. Jan 18 | 7. Feb 22    |
| 3. Jan 25 | 8. March 1   |
| 4. Feb 1  | 9. March 8   |
| 5. Feb 8  | 10. March 15 |

What you are looking for from the women's training:

What kind of cycling training have you done in the past?

None

Some

Sufferfest Type Videos

Coached program

Previous years women's program?