



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)

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

(Made payable to: Manitoba Cycling Association)

Amount Paid: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Women's Program: 16 Wednesday's: November 17' – March 18'

- | | |
|-----------------|--------------|
| 1. Nov 1, 2017 | 9. Jan 24 |
| 2. Nov 8 | 10. Jan 31 |
| 3. Nov 15 | 11. Feb 7 |
| 4. Nov 22 | 12. Feb 14 |
| 5. Nov 29 | 13. Feb 21 |
| 6. Dec 6 | 14. Feb 28 |
| 7. Dec 13 | 15. March 7 |
| 8. Jan 17, 2018 | 16. March 14 |

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?