

# Kahler Cycling Academy

## TORTURE PRELUDE CLINIC, 2016

< Prelude Clinic Dates: 10/4 – 11/29/2016 >

**Clinic Fee: \$349.00\* Before Oct. 1<sup>st</sup> . . . . . \$359.00\* After**

Name: _____		Date: _____
Contact: _____		
Cell	Work	E-mail Address
Medical Release Required? _____	Liability Release Signed? _____	Age: _____
Circle the Cleats you use: LOOK KEO, Shimano SPD or Road SL or Speedplay		Ht: _____
Payment Form: Cash \$ _____ Check # _____ MC Visa AMEX *(\$19.00 discount available for cash or check) (no Debit)		<b><u>AMOUNT PAID</u></b> \$ _____
<b><u>CLASS TIME:</u></b> 5:20 P.M. <input type="checkbox"/> or 7:00 P.M. <input type="checkbox"/>		<b>BALANCE DUE:</b> \$ _____
<b><u>TESTING DATE(s) &amp; TIME(s):</u></b>		<b>Test Time:</b> 5:00, 5:40, 6:20
Wed. Oct. 5 <sup>th</sup> _____		<b>Test Time:</b> 4:40, 5:20, 6:00, 6:40
Thur. Oct. 6 <sup>th</sup> _____		<b>Test Time:</b> 4:30, 5:10
Fri. Oct. 7 <sup>th</sup> _____		

### TORTURE PRELUDE CLINIC, 2016 RECEIPT AND TESTING TIME

Participant's Name: _____		
<b><u>Payment Form:</u></b> Cash \$ _____ Check # _____ MC or Visa *(\$19.00 discount for cash or check) or AMEX		<b><u>AMOUNT PAID</u></b> \$ _____
<b><u>CLASS TIME:</u></b> 5:20 P.M. <input type="checkbox"/> or 7:00 P.M. <input type="checkbox"/>		<b>Deposit Taken:</b> \$ _____
<b><u>CLEATS REQUIRED:</u></b> Look KEO, Shimano SPD or SL, Speedplay. Balance Due: \$ _____		
<b><u>TESTING DATE(s) &amp; TIME(s):</u></b>		<b>Test Time:</b> 5:00, 5:40, 6:20
NOTE: <b>Unscheduled Testings</b> Thur. Oct. 6 <sup>th</sup> _____		<b>Test Time:</b> 4:40, 5:20, 6:00, 6:40
<b>Are Subject to a \$20.00 Fee.</b> Fri. Oct. 7 <sup>th</sup> _____		<b>Test Time:</b> 4:40, 5:20
<b><u>New Member ORIENTATION:</u></b> Tuesday, October 4 <sup>th</sup> , 2016 - 6:00 P.M NO WORKOUT THIS NIGHT Street clothes are fine. Snacks provided.		
<b><u>SPECIAL NOTE:</u></b> ALL FEES ARE NON-REFUNDABLE <u>AFTER</u> October 4 <sup>th</sup> , 2016		