

Kahler Cycling Academy

TORTURE PRELUDE CLINIC, 2017

< Prelude Clinic Dates: 10/3 – 11/28/2017 >

Clinic Fee: \$359.00* Before Sept. 30th \$369.00* 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)		<u>AMOUNT PAID</u> \$ _____
<u>CLASS TIME:</u> 5:20 P.M. <input type="checkbox"/> or 7:00 P.M. <input type="checkbox"/>		BALANCE DUE: \$ _____
<u>TESTING DATE(s) & TIME(s):</u>		Test Time: 5:00, 5:40, 6:20
Wed. Oct. 4 th _____		Test Time: 4:40, 5:20, 6:00, 6:40
Thur. Oct. 5 th _____		Test Time: 4:30, 5:10
Fri. Oct. 6 th _____		

TORTURE PRELUDE CLINIC, 2017 RECEIPT AND TESTING TIME

Participant's Name: _____		
Payment Form: Cash \$ _____ Check # _____ MC or Visa *(\$19.00 discount for cash or check) or AMEX		<u>AMOUNT PAID</u> \$ _____
<u>CLASS TIME:</u> 5:20 P.M. <input type="checkbox"/> or 7:00 P.M. <input type="checkbox"/>		Deposit Taken: \$ _____
CLEATS <u>REQUIRED:</u> Look KEO, Shimano SPD or SL, Speedplay. Balance Due: \$ _____		
<u>TESTING DATE(s) & TIME(s):</u>		Test Time: 5:00, 5:40, 6:20
NOTE: Unscheduled Testings Thur. Oct. 5 th _____		Test Time: 4:40, 5:20, 6:00, 6:40
Are Subject to a \$20.00 Fee. Fri. Oct. 6 th _____		Test Time: 4:40, 5:20
<u>New Member ORIENTATION:</u> Tuesday, October 3rd, 2017 - 6:00 P.M NO WORKOUT THIS NIGHT Street clothes are fine. Snacks provided.		
<u>SPECIAL NOTE:</u> ALL FEES ARE NON-REFUNDABLE <u>AFTER</u> October 3rd, 2017		