

MCBC BICYCLE WORKSHOP REGISTRATION

Thank you for registering for MCBC's workshop! Please print this form, fill in your information and send to MCBC

Name(s): _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Workshop Title(s): _____

Payment: Make checks payable to Marin County Bicycle Coalition or charge to
____ MC ____ VISA credit card

Credit Card Number: _____

Exp: _____ Signature _____

Mail or fax this form to Marin County Bicycle Coalition: PO Box 1115, Fairfax, CA
94978; fax – (415) 456-9344.