

General Details

USA or Canada Participants

LAST NAME	FIRST NAME
DATE OF BIRTH	GENDER
ADDRESS	
CITY	STATE/PROV
ZIP/ P.CODE	PHONE
EMAIL	
HOW DID YOU HEAR ABOUT BREAK THE CYCLE?	
BUSINESS, SCHOOL OR CHURCH I AM ASSOCIATED WITH	
Name	
I WOULD LIKE TO CYCLE ON A MOUNTAIN BIKE <input type="checkbox"/> OR	
I WOULD LIKE TO BE PART OF THE SUPPORT CREW <input type="checkbox"/> CHOOSE ROLE:	
<input type="radio"/> Support Vehicle <input type="radio"/> Admin <input type="radio"/> Media <input type="radio"/> General	
I KNOW THE CAMBODIAN LANGUAGE <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF CYCLING, PLEASE DESCRIBE YOUR CYCLING EXPERIENCE:	
Average speed: Hours riding per week: Years riding:	
Break the Cycle Cambodia will be riding mountain bikes that have been donated, serviced and shipped to Cambodia, later to be donated to AIDS patients.	
Will you be riding one of the donated bikes? <input type="checkbox"/> or Bringing your own bike? <input type="checkbox"/>	
If riding your own bike will you take it home? <input type="checkbox"/> or Donate it? <input type="checkbox"/>	
All costs and logistics associated with bringing/returning your bike will be your responsibility.	
Do you have any special dietary requirements or food allergies?	
Polo shirt size (please circle) XS S M L XL XXL XXXL	
If you are under age 19, provide name of accompanying parent (mandatory):	