Discover Hartford Bicycling & Walking Tour

Group Mail-in Registration Form – min 10 people

Group Name_____

Group Leader_____

Address:Street_____

Address:City/State/Zip_____

Phone Number_____

Number to attend 10 mile bike tour____ Number for 25mile bike tour___

Name	Street	City/State/Zip	E-Mail Address	T-Shirt Size

Payment Options: All group mail-in registrations due by Sept 10th

Number signing up ____ , at $30 per person/$35 per person non-member= _____total due

Make checks payable to: CCBA

Mail to: PO Box 270149, West Hartford, CT 06127-0149 Or

Pay by Visa or Master Card (circle one)
Card Number _____
Expiration Date_____ Security Code_____(3 digits on back of card)
Signature _____
If card holder is not the group leader, enter name/address here_____
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