

Colorado Velodrome Association membership form

Team
Name _____

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Contact
Name _____

Address _____

City _____ State _____
Zip _____

Home Phone (____) _____ Work (____)

Email
Address _____

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Thank You!!!

Please return to:
Colorado Velodrome Association
236 Writers Way
Colorado Springs, CO 80903

For Office use Only:

Amount Paid _____

Date Paid _____