



Application Form

Tour Name: _____

Date: _____

Name: _____

Mailing Address

Street _____

City _____ **State/Prov** _____ **Postal Code** _____

Phone (Home) _____ **Phone (Cell or Work)** _____

Email: _____

Emergency Contact: _____

Age _____ **M/F** _____

Dietary Restrictions _____

Health Concern _____

Health Insurance Company: (Health Insurance is strongly advised for tours in the U.S.)

Accommodations:

I would like a single room (extra charge)

I will share a double room with _____ and
prefer 1 double bed or twin beds

Please assign me a roommate if available

Bike Rental: I wish to rent: Road bike Hybrid bike Bringing my own

Rentals: Bike Size _____ your height _____ inseam _____

Tailwind Touring, 1202 Owen Court, Oakville, ON, L6H 1V3

Tel: 905-842-8861 email: info@tailwindtouring.com

www.tailwindtouring.com



Cycling Ability:

Expert 50+ km/day Intermediate 20-50 km/day Beginner 0+ km/day

PAYMENTS:

My cheque for \$200 is enclosed

Please charge my credit card VISA MasterCard Amex

Card Number _____ CSC Number _____

Expiry Date ____/____

Signature: _____

Mail this form, along with deposit, and signed liability waiver form to:

Tailwind Touring
1202 Owen Court
Oakville, ON, L6H 1V3
Canada
Phone: 905-842-8861
Email: info@tailwindtouring.com
Web Site: www.tailwindtouring.com