

CALIFORNIA COAST CLASSIC REGISTRATION FORM

September 25 - October 2, 2010

Please print clearly.

Make check or money order payable to:
Arthritis Foundation

Mail this form to:
Arthritis Foundation
800 W. 6th St, Suite 1250
Los Angeles, CA 90017



Speed Registration! Fax your registration forms to 323/954-5790

Name _____

Email Address _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Employer _____

Fax _____ Age _____ Gender _____

Who referred you? _____

Registration included:

- \$75 (Early Bird – ends April 23rd)
- \$100 (April 24th – May 28th)
- \$150 (After May 28th)

All registration fees are non-refundable. They are tax-deductible contributions to the full extent of the law and count towards your fundraising minimum of **\$3000**.

Please register me for the:

- 6-day tour package: a 365-mile bike tour from San Francisco to Buellton
- 8-day tour package: a 525-mile bike tour from San Francisco to Los Angeles

Method of Payment

Check Visa MasterCard Amex

Credit Card # _____ Exp Date _____

Name on card _____

Signature _____

Jersey Size: S M L XL XXL XXXL

Jacket Size: S M L XL XXL XXXL

T-shirt Size: S M L XL XXL

Questions? Call 800/954-2873 or visit www.CaliforniaCoastClassic.org