



Capitol Velo Club Membership Agreement

By becoming a member of the Capitol Velo Club, and wearing the club jersey, I am acting as an agent of the club and its sponsors. I realize that my actions, both on and off the bike reflect upon the club and sponsors. I agree to follow the general rules of sportsmanship fairness, respect for one's opponent, and graciousness in winning or losing—whether riding or racing. I will obey traffic laws, operate my bike safely, and lead by example. I will also patronize the club's sponsors and not misuse the benefits that the club offers. I will commit to fulfilling work obligations at the Badger Cross cyclocross race, and I understand that this race is an essential funding source for CVC. I understand that bicycling activities involve risks and dangers of serious bodily injury or even death, and I will not hold the club, its members, or any of its sponsors liable in the event of injury, death, or loss of equipment.

Printed name of rider _____

Signed _____ Date _____

Address _____ State _____ Zip code _____

Email _____ Phone _____

Capitol Velo Club Clothing Order Form



**Return this form along with
a check payable to CVC to:**

**CVC
5702 Cove Circle
Monona, WI 53716**

**Questions?
rinardj@yahoo.com**

<u>Clothing Order</u> (optional)	
CVC Team Jersey (\$60 each)	x-small <input type="checkbox"/> quantity ____ \$ ____ small <input type="checkbox"/> quantity ____ \$ ____ medium <input type="checkbox"/> quantity ____ \$ ____ large <input type="checkbox"/> quantity ____ \$ ____ x-large <input type="checkbox"/> quantity ____ \$ ____
CVC Team Shorts (\$55)	small <input type="checkbox"/> quantity ____ \$ ____ medium <input type="checkbox"/> quantity ____ \$ ____ large <input type="checkbox"/> quantity ____ \$ ____
CVC T-Shirt (\$15)	small <input type="checkbox"/> quantity ____ \$ ____ medium <input type="checkbox"/> quantity ____ \$ ____ large <input type="checkbox"/> quantity ____ \$ ____ x-large <input type="checkbox"/> quantity ____ \$ ____
	Subtotal \$ ____
<u>CVC Annual Membership Fee</u> (required) \$ 25	
	Total \$ ____
	Amount Enclosed \$ ____

Please print your name here: _____