



Lawrence Bicycle Club Membership Form

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____

E-mail _____

All members will automatically be signed up for "chainrings", a list serve where members talk to other members about bike club and cycling business.

Membership Type: Individual (\$15) _____ Family (\$20) _____ Number in Family _____

Please check the activities you might be interested in helping with.

Lead a ride _____ Committee member _____ Special Event _____ Advocacy _____

The Lawrence Bicycle Club sponsors KU Cycling Team, you can support them individually.

I would like to donate to: Kansas University Racing Team (KU Racing) \$ _____

Release and Hold Harmless Agreement: In consideration of my participation in the Lawrence Bicycle Club (LBC), I hereby release and agree to hold harmless said organizer and all other riders participation in club events from any and all claims for personal injury or property damages sustained to other members or to myself during such participation.

Signature _____ Date _____

Signature _____ Date _____

(Signature of parent/guardian if rider is under 18)

Please enclose check/money order and send to:
LAWRENCE BICYCLE CLUB, PO BOX 3596, LAWRENCE, KS 66046-0596

For more information call Chris Sprecker (President), 785-331-2477, ask_lbc@yahoo.com