





YOUTH CHALLENGE - 12 to 18 year olds

ENTRY FORM 2012

PLEASE COMPLETE THIS FORM CLEARLY IN BLOCK CAPITALS - One rider per form.

Participant's Name			Mobile Number (FOR YOUTH CHALLENGE GROUP TEXTS ONLY)		
Address					
Male	Female	Date of Birth (dd/mm/yyyy)		
Have you been a member of Cycling Ireland before? Yes No					
Are you currently a member of Cycling Ireland?			Yes	No	
Did you take part in the Schools/Youth Challenge before? Yes No					
Name of Parent/	Guardian		Parent/Guardian Con	itact Number	
quotations may a			Yes	nal literature. Participant	
Signature of Parent/Guardian Date					
TO: Paulin Regional Spo	e Cunningham, Spo orts Centre, Cork Ro	◆ Com ◆ Copy orts Developme oad, Waterford	pleted Cycling Irelau of Birth Certificate nt Officer, Waterford	or Passport d Sports Partnership, ng Club at the first spin	
TE	EVENT	TIME	MEEETING POINT	SPIN LEADERS	
ednesday 6 th June	Training Spin	6.30 pm	Regional Sports Centre	Comeragh Cycling Club	
ednesday 13 th June	Training Spin	6.30 pm	Regional Sports Centre	Sportif Waterford Cycling Club	
ednesday 20 th June	Training Spin	6.30 pm	Regional Sports Centre	Comeragh Cycling Club	
ednesday 27 th June	Training Spin	6.30 pm	Regional Sports Centre	Sportif Waterford Cycling Club	
ednesday 4 th July	Training Spin	6.30 pm	Regional Sports Centre	Comeragh Cycling Club	
ednesday I I th July	Training Spin	6.30 pm	Regional Sports Centre	Sportif Waterford Cycling Club	
nday 26th August	SKT 50km	10.30	Dungaryan Sports Centre		



www.theseankellytour.com | LIKE 'Sean Kelly Tour' on FACEBOOK

FOR FURTHER INFORMATION PLEASE CONTACT PAULINE CUNNINGHAM (051) 849855 www.waterfordsportspartnership.ie | LIKE 'Waterford Sports Partnership' on FACEBOOK

Waterford Sports Partnership - Supporting Activity and Sport for All