



Entry Form

TOUR DE BIG ISLAND

Sat / Sun June 13 & 14, 2009

Make Checks payable to: **Hawaii Cycling Club**

Postmark by **June 1, 2009**



Name: _____

Birth Date (mm/dd/yy): _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

USCF Lic: _____

Racing Category: _____

Races Entering (check):

 SR TT RR CRIT

Mail completed form with fees to:

*Hawaii Cycling Club, PO Box 3246,
Kailua-Kona, HI 96745-3246*

Club Name (or unattached): _____

or drop-off at:

CycleStation

*73-5619 Kauhola Street #105
Kailua- Kona*

or *HP Bike Works*

*74-5583 Luhia Street
Kailua-Kona.*

Our **THANKS**
to these Great
Sponsors



**Cup Event
(Double pts.)**