

Telluride Adaptive Sports Program / Disabled Sports USA
2010 “Moab Mania!” Handcycle Camp • Sept 25 - 28, 2010
(Travel dates Friday, Sept 24 and Wednesday, Sept 29 2010)

Name:		Age/DOB:
Address:		Male Female
City, State:		Zip:
Phone H:	W:	Cell:
E-mail:		Fax:
Emergency Contact:		#:
Disability & involvement (include date of onset):		
Any recent surgeries/complications?		Mobility equipment used:
Medication: YES NO What for?		Dosage:
Ability Level: (circle) Intermediate Advanced Expert Other		Yrs Biking?
Type of Equipment Used:		Do you have your own? YES NO
Height? _____ Weight? _____ Dietary Restrictions? _____		
Do you for see needing assistance while biking? (mounting/dismounting, guiding, towing etc) YES NO		
If yes, please describe:		

Participant Entire Camp: \$500 Includes 5 nights camping, 4 days of clinic instruction and biking, meals (not snacks), and other camp activities. <i>Lodging is in a very accessible campground with showers and toilets.</i>	\$
Will you have a service animal with you? YES NO	
Participant Partial Attendance: \$150/day x _____ days Days (circle): Saturday Sunday Monday Tuesday	\$
Bike/Camp Equipment: Do you need equipment? YES NO Please call 970.728.3865 for more information. Limited camping (tent, sleeping bag, sleeping pad) and adaptive equipment is available on a first come, first serve basis – reserve well in advance. Please bring your own helmet, patch kit and spare tube(s).	\$
Type : _____ Rate: _____ # days: _____	
TOTAL AMOUNT DUE	\$

PAYMENT INFO: Make payment to TASP

Check or Money Order #:	Cash/ Receipt #:
Type of Credit Card: (circle) VISA MasterCard	Date:
Credit Card #	Exp. Date
Name on the Card:	\$
Signature:	

Return form and payment to TASP PO Box 2254 Telluride, CO 81435
programs@tellurideadaptivesports.org , or fax in your application to 970.728.3593.