

Colorado Velodrome Association
Team Membership Form

Team Name _____

Contact Name _____

Address _____

City _____ State _____

Zip _____

Home Phone (____) _____

Work Phone (____) _____

Email Address _____

Thank You!!!

Please return to:

Colorado Velodrome Association
236 Writers Way
Colorado Springs, CO 80903

For Office use Only:

Amount Paid _____

Date Paid _____