

Harbor Springs Cycling Classic Registration

Please print and mail it with your deposit preferably two weeks in advance to:
Birchwood Inn, 7077 S. Lake Shore Drive, Harbor Springs, MI 49740 Attn: HSCC

Names of all participants and ages if children: _____

Address: _____

E-Mail Address: _____ Phone number: _____

Club Membership if any: _____

Emergency Contact Name and Phone: _____

Select Route: ____ 20 miles ____ 42 miles ____ 61 miles Select Event: ____ Spring ____ Fall

Lodging: ____ Yes ____ No ____ \$130 per person, plus taxes, double occ. ____ \$145 plus taxes, single occ.

Children sleep free in the same room with double occupancy adults. Simply pay their appropriate registration fee.
Please call 231-526-2151 for other occupancy rates and any other lodging questions.

Please note: You will be required to sign a release form at the pre-ride check-in.

T-shirts are \$15 for short sleeve and \$18 for long sleeve. Order must be received two weeks prior to the event.

Shirt style: ____ Short Sleeve ____ Long Sleeve

Adult Size: ____ Small ____ Medium ____ Large ____ X-Large ____ XX (add \$2 extra)

Child Size: Sm not avl. ____ Medium ____ Large ____ X-Large

Registration fee in advance: \$25 per adult, \$15 per child 6-12, children age 5 and under are free. Non-rider BBQ lunch only fee: \$15 per adult, \$8 per child 6-12, children age 5 and under free. Please send advance registrations two weeks prior to the event. Those registering at the pre-ride check ins, pay five dollars more.

Registration Fee(s)..... _____

Non-Rider BBQ(s)..... _____

Shirt(s)..... _____

Add \$50 room deposit if lodging: _____

Total Due..... _____

Payment and Cancellation Policy: Due to our cancellation policy, please still itemize if selecting our lodging package. Registration fees for the ride, BBQ, and shirts are non-refundable. With two weeks advance notice, however, we will transfer the fees to a future ride. Lodging deposit will be refunded, with two weeks advance notice, less a \$10 administrative fee. Information: 231-526-2151

Form of Payment: ____ Cash ____ Discover Card ____ MasterCard ____ Visa ____ Personal Check # _____

Card Number _____ Expiration Date: _____

Authorizing Signature: _____