



Please return this form with payment to:

Coupe des Amériques Inc.
11 C, Principale Sud
Sutton, Québec, Canada J0E 2K0
FAX : 450 538-0897 (April to mid-August)
Tél. : 450 538-5808 (Voice mail- April to mid-August)

Registration

Secure on-line registration is available at
www.coupedesameriques.com
coupedesameriques@hotmail.com

Date received:

from June 26 to 28, 2009

1. Identification Please type or print legibly IN UPPER CASE LETTERS and complete all fields. **Gender :** Male Female

First name		Last name	
Address : number		Street	Apartment
City		Province/ State	Country
Téléphone		Fax	E-mail
Age		Date of Birth (DD-MM-YYYY)	

2. Categories Please select one.

Male : A (30-39) B (40-49) C (50-59) D (60+) **Female :** E (30-39) F (40+)

3. License Number

Note: Racers from outside Canada and the United-States must have an International license.

License number : _____ UCI license ID (if known) _____

Canadian and American racers only: YES, I want to purchase an event license.

The request form for qualified racers is available at:

http://www.coupedesameriques.com/site2009/pdf/license_en.pdf

Please print the form and fax it or mail it in to us. The \$20 license fee is payable at the registration desk.

4. Registration Fees

Registration ends June 26, 2009 at 5PM EST.

Payment must be received for registration to be valid.

Fees are non-refundable.

Total amount . . . \$ CAD _____ ou \$ USD _____

	Regular fee	Late fee
	until June 19 2009	After June 19 2009
<input type="checkbox"/>	115 \$CAD	<input type="checkbox"/>
<input type="checkbox"/>	\$100 USD	<input type="checkbox"/>
<input type="checkbox"/>	135 \$ CAD	<input type="checkbox"/>
<input type="checkbox"/>	\$120 USD	

5. Payment Method Please choose one.

Cheque : Cheque payable to Coupe des Amériques Inc.

Name and address must be indicated on the back. Post-dated cheques are not acceptable.

Credit card: VISA MASTERCARD

I hereby authorize Coupe des Amériques Inc. to charge the total fees indicated above.

Card number _____ Expiry date: (Year) _____ (Month) _____

Cardholder's Name (please print) _____ Cardholder Signature _____

6. Risk Acknowledgment

I, the undersigned, recognize that participating in a race comprises inherent risks and dangers that may lead to accidents resulting in damages and injuries. I declare that I am familiar with the extent of these risks and dangers and that I accept them freely and voluntarily. I declare that I am familiar with the safety regulations of the Fédération québécoise des sports cyclistes and participation rules of the Coupe des Amériques and that I will abide by them. The registration will not be accepted without full payment and a valid signature of this release.

Signature _____