

SPIN - A - THON 2018

TEAM REGISTRATION

TEAM NAME: _____

BIKE NUMBER: _____

CONTACT: _____

PHONE NUMBER: _____

Please assign a time slot to all team members and include their full name and phone number.
Return to the Comox Community Centre by Friday, February 23, 2017.

TIME SLOT	FULL NAME	PHONE NUMBER	KM COMPLETED
6:00 AM			
7:00 AM			
8:00 AM			
9:00 AM			
10:00 AM			
11:00 AM			
12:00 PM			
1:00 PM			
2:00 PM			
3:00 PM			
4:00 PM			
5:00 PM			
TOTAL TEAM MEMBERS:			TOTAL KM'S:

All proceeds will be donated to Canadian Tire Jumpstart Program and Comox Valley Healthcare Foundation.

COMOX RECREATION | 250-339-2255 | comox.ca/recreation

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