

Jr. Scholarship Program 2012

Benefiting the Mt. Washington Valley Bicycling Club

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Email: _____

Parents Name: _____

Age on race day: _____ D.O.B. _____

Have you competed in the Mt. Washington Auto Road Bicycle Hillclimb in the past?
Y or N If yes – What year? _____

Have you competed in Hillclimbs other than Mt. Washington? Y or N

If yes – List the one you enjoyed the most and why: _____

How many years have you been competing? _____

Where do you see yourself in five years? _____

Other comments you think we should know? _____

Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Payment Information

Entry Fee \$150.00

Check(s) must be made out to Mt. Washington Valley Bicycling Club

Mail completed form with check(s) to:

Mt. Washington Auto Road.

Mary Power/Newton's Revenge

P.O. Box 278

Gorham, NH 03581

Applications will not be accepted after July 1, 2012.

For more information please contact Mary at 603-466-3988

or mary@mt-washington.com.



NEWTON'S
Revenge
A BIKE RACE UP THE
MT. WASHINGTON AUTO ROAD