

**2015 Newton's Revenge
Jr. Fee Waiver Program**
Benefiting the Mt. Washington Valley Bicycling Club

Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone #: _____ Mobile Cell or Home? _____

Email: _____

Name of Parent/Legal Guardian: _____

Age on race day: _____ Date of Birth: _____

Have you competed in the Mt. Washington Auto Road Bicycle Hillclimb or Newton's Revenge in the past? Y or N If yes, what year? _____

Have you competed in hillclimbs other than at 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: _____

Donation Collection Information

You must collect \$150 in donations, to benefit the Mt. Washington Bicycling Club, and return this application with your collected donations, by May 31, 2016 to:

***Mt. Washington Auto Road
Attn: Newton's Revenge Jr. Fee Waiver Program
P.O. Box 278
Gorham, NH 03581***

You can download the Donations Collection Sheet by visiting <http://newtonsrevenge.com/race-details/>.

If you have any questions, please contact Kimberly Hoyt, Events Director, at (603) 466-3988 or via email at kim@mt-washington.com.