

2010 Women's Cycling Series

Empowering Women Cyclists Through Education



In an effort to better staff our event and maximize your time spent at our cycling clinic, please answer the following questions.

Name : _____

E-mail : _____

1 What type of bicycle will you be using for the clinic?

- Road or Cyclocross
- Triathlon or Time Trial (set up with aero bars)
- Hybrid or Mountain
- Other - please specify _____

2 What is your current level of fitness?

- Recreational Rider: Generally do not ride more than an hour at a time
- Weekend Warrior: Ride on the weekends, mostly during the summer
- Hard Core: In training for summer season, at least 4 times a week on the bike

3 Where do you regularly train for cycling?

- Spinning classes/ Stationary trainer
- On the road

4 What is your comfort level on the bike?

- Don't have a lot of confidence
- Pretty confident but don't like riding too close to others
- Confident in any riding situation

5 What is your group riding experience?

- Never participate in group rides
- Regularly participate in group rides

6 What are the 3 skills you would like to work on?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> pacelines | <input type="checkbox"/> cornering |
| <input type="checkbox"/> drafting | <input type="checkbox"/> braking |
| <input type="checkbox"/> climbing | <input type="checkbox"/> eating/drinking on bike |
| <input type="checkbox"/> shifting | <input type="checkbox"/> other _____ |

7 If you are interested in racing - what disciplines are you interested in?

- time trial/triathlon
- criterium/road racing
- other _____

8 What else are you interested in learning about? (Select One)

- stretching
- nutrition
- basic bike maintenance
- other _____

o Cost for cycling series (4 clinics): \$50 non-refundable (if it's raining we will hold clinic inside)

o You must check in and sign the event release form for each of the 4 clinics you attend

o Please mail completed questionnaire, completed event release form, and payment (cash, check made out to Alberto's or credit card payment at the shop) to:

Alberto's Rides & Rags
661 Central Avenue
Highland Park, IL 60035
847.432.0015
www.albertoscycles.com

USA Cycling Permit Pending