



Bike to Work Week May 29 – June 4, 2006

Registration Form

Forward via mail, fax or email to:

Niagara Region Public Health Department
 Chronic Disease Prevention Division
 30 Hannover Drive, St. Catharines, ON L2W 1A3
 Email: nrphd-hl@regional.niagara.on.ca
 Fax: 905-688-7024 Attn: Teena Smith

Name of Workplace: _____

Mailing Address of Workplace: _____

Team Captain Name: _____

Team Captain Telephone Number _____ Ext. _____

The first 50 **Team Captains** to register teams of 10 receive a FREE T-shirt. Use additional registration forms for each Team Captain.

To assist the Public Health Dept. in determining the level of cycling of Bike to Work Week participants please indicate the Team Member's name and usual frequency of cycling to work between May to November using the legend provided below.

Frequency:

- a.** Bike to Work Week 2006 is my first time. **b.** Rarely (about 1 X / month)
c. Occasionally (about 2 – 4 X / month) **d.** Regularly (at least 2 X/ week)

Team Captain Name: _____ Frequency _____

T-shirt size: _____ S – M – L – XL - XXL

Name (Please Print)	Frequency	Name (Please Print)	Frequency
1.		6.	
2..		7.	
3.		8.	
4.		9.	
5.		10.	

The personal information contained in this form is being collected under the authority of the Health Protection and Promotion Act and will be used strictly for the administration of public health programs.

Any questions about the collection of this information should be directed to the Corporate Records Clerk at 905-685-1571 ext. 3741.

