

# Great Canadian Bicycle Tours

## Sign-in sheet

Tour name: \_\_\_\_\_ Date: \_\_\_\_\_

Organizer \_\_\_\_\_ No. of Riders: \_\_\_\_\_

Temperature: < 10 10-15 15-20 20-25 25-30 >30

I am a GCBT member or day rider. I have signed the GCBT membership application and waiver, and have read, understood and agree to the terms and conditions of membership in the GCBT. I further understand that these terms and conditions apply to this tour.

**BE SAFE: HELMETS ARE MANDATORY  
ALWAYS FOLLOW THE RULES OF THE ROAD**

|    | First Name | Last Name | Signature |
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ALWAYS FOLLOW THE RULES OF THE ROAD**

**After ride mail to: Great Canadian Bicycle Tours  
c/o Carolyn Trommelen  
VP Admin  
40 McNab St E.  
Elora, ON N0B 1S0**

**or**

**Email to**

[admin@gcbt.org](mailto:admin@gcbt.org)