

***Mt. Washington Auto Road Bicycle Hillclimb***

**Student Sponsorship Application**

All applications must be received by 5pm June 15<sup>th</sup>

**Applicant name** \_\_\_\_\_

**Home address** \_\_\_\_\_

\_\_\_\_\_

**Home phone** \_\_\_\_\_ **email** \_\_\_\_\_

**Date of birth** \_\_\_\_\_ **Age on Race Day** \_\_\_\_\_ **Number of years road riding** \_\_\_\_\_

*Restrictions: Applications must be 19 or Under on Race Day.*

**Summarize your previous bicycle race and/or other competitive event experience with dates of participation.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why do you think you are qualified and eligible for the MWV Bicycling Club sponsorship?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe your community service and volunteer efforts. Feel free to use the back of page.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email:** [joliver@tinmountain.org](mailto:joliver@tinmountain.org) Please enter subject line: MWARBH sponsorship application

or Mail this completed form to:

**Tin Mountain Conservation Center  
MWARBH sponsorship application  
1245 bald Hill Road  
Albany, NH 03813**