

Sioux Valley Cycle Club

Employee Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Are you at least 16 years of age? YES NO

Emergency Contact

Name: _____ Relationship: _____

Address: _____ Cell Phone: () _____

City, State: _____
