



# Memorial Healthcare System



## Team Memorial Cycle Club

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
Jersey size: \_\_\_\_\_ Bike shorts or Bib size: \_\_\_\_\_

Return all applications to:

[www.teammemorial.com](http://www.teammemorial.com)

To be part of Team Memorial, complete form and purchase a Team Memorial uniform. Uniforms can be purchased at either Memorial Fitness Center (Hollywood or Pembroke Pines)

**Team Memorial**

Attn: Rob Herzog  
[rherzog@mhs.net](mailto:rherzog@mhs.net)

Memorial Fitness Center  
300 Hollywood Way, Suite 300  
Hollywood FL 33021  
Phone: 954-265-5800  
Fax: 954-983-1983