



Sofa-2-Saddle Cycling Challenge Application Form

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Sofa To Saddle

Date: Monday 20th May
 Venue: East Wall Water Sports Centre
 Time: 10am
 Cost: €20 (includes programme, goodie bag and Bike Week cycle)

Program Content

- 6 group training sessions starting with Back on your bike introduction
- Bike & Safety equipment supplied if needed
- Entry to Bike Week Cycle events
- Introduction to Heels & Wheels Social Active Age Walk & Cycle Group
- Have Fun & enjoy learning to cycle in a safe & friendly setting

Training Programme

Day & Time	Meeting Point	Training Session Detail	Objectives
Monday 20th @ 10am	Eastwall Water Sports Centre, Alfie Byrne Road, Dublin 3. (Parking available)	6 weekly training sessions, Suitable for beginners, starting with Back On Your Bike introduction & progressing each week.	Build Cycling Confidence through social recreational programme as part of a healthier lifestyle. Introduction to Heels & Wheels Active Age Group

Bike Week Cycle Events

Tues 25th June: Sofa to Saddle 20km -50km Canal Cycle Event
 Wed 26th June: Velo Bike Parade Clontarf to St Annes
 Sun 30th June: Heels & Wheels / Dublin Sing-A-Long Cycle Tour

PROGRAMME DETAILS:	
PROGRAMME LOCATION: Eastwall Watersports Centre—lerne Sports Club	DATE:
PERSONAL DETAILS:	
NAME:	
ADDRESS:	
MOBILE:	EMAIL:
GENDER: Male Female	DATE OF BIRTH: / /
CYCLING IRELAND MEMBERSHIP DETAILS:	
CYCLING IRELAND MEMBER: YES NO	
<p>DISABILITY: The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which as a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities.'</p> <p>Do you consider yourself to have a disability? YES NO</p> <p>Details: _____</p>	<p>MEDICAL: Please detail below any important medical information that our Leader/Co-ordinators should be aware of (e.g. epilepsy, asthma, diabetes, food allergies etc)</p>
<p>Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.</p> <p>Contact Name: _____ Emergency Contact Number: _____</p>	