

# New! Training Program: 12 Weeks to Optimum Cycling Fitness

Are you thinking about riding more this summer? Got a big bike trip planned? Want to participate in the JCCNV 64 mile Cycle Fest event this June?

Partner with Kasha Williamson, Ironman, National Capital Velo Club/  
UnitedHealthcare Women's Team Member, JCC Instructor and Personal Trainer

### What you get:

- Customized training plan (12-week plan from trainingpeaks.com)
- Strength training with weights (cycling specific)
- Core and lower back strengthening
- Stretches for increased flexibility and comfort on the bike
- Cardiovascular endurance (anaerobic threshold and aerobic work)

### Get all of your cycling questions answered, like...

- Why do I get tired after a couple of hours on the bike?
- What/when/how should I be eating while cycling? Before and after riding nutrition?
- Do I really need padded shorts? Bike jersey? Clip-in shoes? Sunglasses?
- Bike basics - what should I do if I get a flat? Chain falls?
- What should I have in my tool kit/saddle bag?

Join in for personal training in an intimate group setting of 2-4 persons, once a week for one hour. Yes, there's homework.

**Package Fees: 2 people: \$975; 3 people: \$1200; 4 people: \$1450**

For more information, contact Paula Cole at PaulaC@jccnv.org or (703) 537-3049.



## REGISTRATION FORM (ONE PER PERSON)

CODE: #3017

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H) (\_\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

I want to help support important programs at the JCCNV by making a donation to one or more of the following funds (suggested gift: \$18).

Feel free to provide an alternative amount below for your 100% tax-deductible gift. \$\_\_\_\_\_ General Operating Fund

\$\_\_\_\_\_ Community Engagement Programs \$\_\_\_\_\_ Early Childhood Services \$\_\_\_\_\_ Sports Fitness & Aquatics Fund \$\_\_\_\_\_ Other: \_\_\_\_\_

Program Total \_\_\_\_\_ Donation Total \_\_\_\_\_ Grand Total \_\_\_\_\_

Check  VISA  MasterCard  American Express

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Member # \_\_\_\_\_ Name as Written on Card \_\_\_\_\_

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