

American Cycling Association

2010 Event Checklist for Permit # _____

Complete this form and return with permit application, fee, two paper and one electronic copy of approved race announcement.

RACE NAME _____ DATE(s) _____

PROMOTING CLUB(s) _____

ORGANIZER'S NAME _____ STATE _____

Circle the appropriate response

Event Type: Road - Circuit - TimeTrial - HillClimb - Criterium - Cyclocross - Stage Race - Omnium - Series - MTB - Track

Road Conditions: Open - Semi - Closed - Closed - Rolling Enclosure

DOCUMENTATION

- 1. Does race announcement (flyer) list:
a) race location, date(s), travel directions or map, entry deadlines & contact info YES NO
b) registration/start times,entry fees, late fees, race categories, distances, field limits, prize list, location/time of awards distribution, alternative dates, cancellation/refund policy, YES NO
c) Has your Chief Referee approved your flyer? YES NO

Promoter Comments: _____

CR Comments: _____

- 2. Event Permit:
a) Has written permission been granted to use course, registration site, & other grounds YES NO IN PROCESS
b) Has written notice been submitted to residents & property owners (private and gov't) along course? YES NO IN PROCESS
c) Have municipalities and property owners been listed as Third Party Insured? YES NO IN PROCESS
d) Have all clubs helping with event been listed on the permit application? YES NO

Promoter Comments: _____

CR Comments: _____

EVENT STAFF

- 1. Organizer's Support Staff (registration- marshals- drivers- mechanics-etc.)
a) How many support staff will be present? _____
b) Has support staff received training in their duties? YES NO IN PROCESS
c) Who will be responsible for checking annual licenses _____ completed releases _____

Promoter Comments: _____

CR Comments: _____

- 2. Medical Support (EMT, or Paramedic MUST be on site) This section must be completed in order for permit to be processed

Name _____ Certification _____

Address _____ City _____ Zip _____

Phone _____ Email _____

- a) Will there be an ambulance on site and/or medical locations set up? YES NO
b) Have the local hospitals been contacted? YES NO IN PROCESS
Name of hospital _____ Phone # _____

c) Who will be responsible for compiling occurrence reports for CR? _____

Promoter Comments: _____

CR Comments: _____

RACE VENUE

- 1. Facilities and Equipment:
a) Is there adequate parking for anticipated turnout? YES NO

- b) Is registration site sheltered or enclosed? YES NO
- c) Will restrooms and drinking water be available? YES NO
- d) Will judge's stand and finish line camera be provided? YES NO

Promoter Comments: _____

CR Comments: _____

2. Race Control:

- a) Will police be present where the race route proceeds through rights-of-way (e.g. stop signs and traffic lights) YES NO IN PROCESS
- b) Have course marshal locations been identified:
 - 1. at major intersections? YES NO IN PROCESS
 - 2. at locations open for business? YES NO IN PROCESS
 - 3. for spectator control? YES NO IN PROCESS
- c) Is the detailed traffic/spectator control plan attached? YES NO IN PROCESS

Promoter Comments: _____

CR Comments: _____

Road Security:

- 1. Will there be signage:
 - a) directing participants to course and parking YES NO
 - b) at intersections and course hazards YES NO
 - c) identifying start/finish/ feed zones/ discard zones/ pits/ 200m YES NO
 - d) identifying, official vehicles/ support vans YES NO
- 2. Is the detailed traffic/spectator control plan attached? YES NO IN PROCESS

Promoter Comments: _____

CR Comments: _____

3. Race Course Conditions:

- a) Is the course adequate for the specified field limits? YES NO
- b) Will corrective action be taken for signposts, planters, curbs, potholes, sewer drains and cattle guards YES NO IN PROCESS

Promoter Comments: _____

CR Comments: _____

5. Support Vehicles and Drivers

- a) Will support vehicles be provided? YES NO
If YES, circle those that apply: lead - follow - SAG - neutral support
- b) Have drivers been identified and apprised of their duties ? YES NO IN PROCESS

Promoter Comments: _____

CR Comments: _____

6. Communication

- a) Radios (circle): Amateur Citizen Band Business Band Cellular Phones
- b) Will marshals, support staff, medical and officials have radios or cellular phones? YES NO
- c) Will vehicles have radios or cellular phones? YES NO

Promoter Comments: _____

CR Comments: _____

Promoter Signature _____ **Date** _____

State Rep Signature _____ **Date** _____

Chief Referee Signature _____ **Date** _____