



American Cycling Association
2010 Permit & Event Insurance Application

RACE NAME _____

DATE(s) _____ STATE _____ PERMIT # _____

PROMOTING ACA CLUB(s) (maximum of 6 – do not use abbreviations; also include club #)

ORGANIZER'S NAME _____

Email Address _____

Phone (day) _____ Phone (eve) _____ Cell _____

Address _____

City _____ State _____ Zip _____

Event Type: *Circle those that apply*

Road - Time Trial - Hill Climb - Criterium - Youth(<8yrs) FunRace - Cyclocross - Stage Race
Omnium - Series Race - MBR Cross Country - MBR Downhill - Tour(Fun Ride) - Clinic - Camp - Track

Participants in 2009 _____ Predicted for 2010 _____

Note: A maximum of 700 numbers and two boxes of pins will be provide by ACA regardless of the number of days the permit is for. If more numbers are wanted, complete area below and include additional payment

Additional Sets of Numbers (\$15/100): _____ x \$15 = \$ _____

Additional Boxes of Pins (\$10/box): _____ x \$10 = \$ _____

Chief Referee Requested (Indicate Name) _____

By the signature the promoter/organizer of the above event agrees to abide by all ACA rules, policies, procedures, fee and surcharges as they apply to permits and insurance

Signature _____ Date _____

Print Name _____

Mail this complete application (both sides) with the following attachments to the ACA State Rep.

- Two copies of race announcement (entry form) **plus** an electronic version
- Completed and signed event check list
- Permit fee : \$25 for single day event \$50 for series race \$100 for stage races
- Youth Fun Race fee: \$25 (If your event has a Kids Race, you must pay this fee to be covered by ACA insurance)

DEADLINES: A late fee of \$50.00 will apply if a permit is filed 14-45 days out from the event. If filed 8-13 days out, the late fee will increase to \$150.00. No permit will be accepted from clubs/promoters within 7 days of the event date.

SEND TO

Yvonne van Gent – ACA State Representative
1135A South Oneida St., Denver, CO 80224
303.757.1892 (phone)
yvagent@earthlink.net

**AMERICAN CYCLING ASSOCIATION
2010 THIRD PARTY INSURED - REQUEST FORM**

Additional insured certificates are FREE

**Clubs and club members are covered under ACA Club Insurance
DO NOT LIST YOUR CLUB OR CLUB MEMBERS ON THIS FORM**

RACE NAME _____

RACE CONTACT NAME _____

ADDRESS TO WHICH CERTIFICATES ARE TO BE SENT:

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE(s) _____ STATE _____ PERMIT # _____

NAME _____

Indicate Relationship _____ Fax Number _____

Address _____ City _____ Zip _____

NAME _____

Indicate Relationship _____ Fax Number _____

Address _____ City _____ Zip _____

NAME _____

Indicate Relationship _____ Fax Number _____

Address _____ City _____ Zip _____

NAME _____

Indicate Relationship _____ Fax Number _____

Address _____ City _____ Zip _____

NAME _____

Indicate Relationship _____ Fax Number _____

Address _____ City _____ Zip _____

NAME _____

Indicate Relationship _____ Fax Number _____

Address _____ City _____ Zip _____

Use additional sheet of paper if you need to list more entities

NOTE: "Indicate Relationship" line must be complete with the word property owner, sponsor, police, municipality, etc. If you need to have special language on your certificate, please specify that language on a separate sheet and include the request from the entity asking you for the special language on the certificate.