# ROAD/TRACK/CYCLOCROSS CHIEF REFEREE REPORT
## USA CYCLING, INC.

EVENT NAME _____ DATE OF EVENT _____

PROMOTING CLUB(S) _____

EVENT DIRECTOR'S NAME _____ STATE _____ PERMIT # _____

PLEASE CHECK APPROPRIATE BOXES BELOW

**Race Categorization:** ☐ ☐ ☐ ☐ ☐ _____
**A B C D E** (enter prize list of highest event)

**Race Announcement:**
- Available: ☐ Yes ☐ No
- Events as Indicated: ☐ Yes ☐ No
- Prizes as Specified: ☐ Yes ☐ No
- What time did event start? _____
- What time did event end? _____

**Registration:**
- Sufficient Staff: ☐ Yes ☐ No
- Sufficient facilities/time allowed: ☐ Yes ☐ No
- Start lists adequate: ☐ Yes ☐ No

**Prize Distribution and Awards:**
- 15 minutes after results: ☐ Yes ☐ No
- Posting area adequate: ☐ Yes ☐ No

**Event Conduct:**
- Course changes required: ☐ Yes ☐ No

**Race Technical Support:**
- Neutral support service: ☐ Yes ☐ No
- Licensed mechanics: ☐ Yes ☐ No
- Photo Finish: ☐ Yes ☐ No

**First Aid / Medical Support:**
- Describe Facilities _____

**Accidents / Occurrence Reports:**

_____
(Indicate person completing occurrence report)

- Number of Occurrence Reports (attached): _____
- Number of Rider waiver / releases (attached): _____
- Name of Rider & License #: _____
- Name of Rider & License #: _____
- Name of Rider & License #: _____
- Name of Rider & License #: _____
- Name of Rider & License #: _____

**Rider Discipline (check if any to report):** ☐ Yes ☐ No
Attach written report including name, license number and official action, including relegations, disqualifications and fines.

**Additional Comments**

_____
_____
_____
_____

**Number of Event Motorcycles:** _____

**Number of Event Automobiles:** _____

**Number of Event Participants:**

| Class | # | Class | # |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total # of riders _____

**Insurance and Licenses:**

Subtract # of riders in more than one event in the same day : _____

| | | | |
|---|---|---|---|
| Total # of Riders: | _____ x $3 | = | $ _____ |
| # of one-day lics: | _____ x $10 | = | $ _____ |
| # of annual lics: | _____ x $60 | = | $ _____ |
| # of add-on annual lics: | _____ x $30 | = | $ _____ |
| # of dual annual lics: | _____ x $90 | = | $ _____ |
| # of junior annual lics: | _____ x $30 | = | $ _____ |
| # of junior dual annual lics: | _____ x $60 | = | $ _____ |

TOTAL ENCLOSED: $ _____

Make checks payable to USA Cycling, Inc.

## LIST EVENT OFFICIALS:

| Name | License # | Position | Name | License # | Position |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

Chief Official (Print Name) _____ Signature _____ License # _____ Date _____

**Enclosed**: ☐ Occurrence Reports and Related Waivers ☐ One-Day License Applications ☐ Insurance Fees / Money

210 USA CYCLING POINT, SUITE 100 ▪ COLORADO SPRINGS CO 80919-2215 ▪ 719/434-4200 ▪ FAX 719/434-4300

White – USA Cycling Copy Yellow – Chief Referee Copy Pink – Event Director Copy M:/2012 Membership Forms/2012 Road/Track/Cyclocross Chief Referee Report
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