USAC/ACA UPGRADE APPLICATION FORM

Name: _____ Home Phone #: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____ Club: _____

USCF License #: _____ ACA #: _____ Rider Class/Cat: _____Rd ____CX ____TK

Select the appropriate discipline and complete

# of Road Events Entered This Year ____

# of Yrs Racing in Current Road ____ - Cyclocross ____ - Track Category: ____

Desired Road _____ - Cyclocross _____ - Track Category: _____

RACING PERFORMANCE AND EXPERIENCE

DATE	NAME OF RACE	DISTANCE/TIME	FIELD SIZE	PLACE	POINTS	URL (WHERE RESULTS ARE POSTED)

RECOMMENDATIONS

(Only necessary if wanting to go from 4's to 3's based on experience)

Name: _____ ACA Category : _____

Email: _____ ACA Club : _____

Name: _____ ACA Category : _____

Email: _____ ACA Club : _____

Upon completion, Send or Email information to:

Yvonne van Gent - 1135A So. Oneida - Denver,CO - 80224

membership@coloradocycling.org