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

EVENT NAME _____ DATE OF EVENT _____

PROMOTING CLUB(S) _____

EVENT ORGANIZER'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 #: _____
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- 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 $15	=	$ _____
# of annual lics:	_____ x $70	=	$ _____
# of junior annual lics:	_____ x $35	=	$ _____
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 ▪ COLORADO SPRINGS CO 80919-2215 ▪ 719/434-4200 ▪ FAX 719/434-4300

White – USA Cycling Copy Yellow – Chief Referee Copy Pink – Event Organizer Copy