



2019 BRAC CYCLO-CROSS CALENDAR DATE REQUEST FORM

Due: ASAP

Please complete and return to Yvonne van Gent with payment:

Mail: 1135-A South Oneida Street, Denver, CO 80224

Email: Membership@ColoradoCycling.org

Please include Refundable Race Calendar Deposit of \$100

Make checks payable to "Bicycle Racing Association of Colorado" or complete credit card information below.

Club: _____

Name of Race: _____ Location of Race: _____

Race Contact: _____ Race Contact Phone: _____

Email: _____

Race Date: 1st Choice: _____ 2nd Choice: _____

What, if anything, would you like to be considered for?

Colorado Cross Cup: Yes No

BRAC/USAC State Championships: Yes No

(States must be run on two days)

Credit Card Information for Calendar Fee payment- Please print legibly

Card Type: Visa Mastercard Expiration (mm/yy): /

Card Number

Name on Card: _____

Address : _____

City: _____ State: _____ Zip: _____

Cardholder Phone: _____

Cardholder Email: _____

Electronic Results: If yes, by whom	<input type="checkbox"/> No	<input type="checkbox"/> AGR (AI McDonald)	<input type="checkbox"/> D&L Sound (Doug Ashbaugh)	<input type="checkbox"/> RaceRite (Mark Bockman)	<input type="checkbox"/> Other
PhotoFinish: If yes, by whom	<input type="checkbox"/> No	<input type="checkbox"/> AGR (AI McDonald)	<input type="checkbox"/> D&L Sound (Doug Ashbaugh)	<input type="checkbox"/> RaceRite (Mark Bockman)	<input type="checkbox"/> Other
Chip Timing: <input type="checkbox"/> No	If yes, by whom _____				