



NON-COMPETITIVE ROSTER

Event Name _____ Event Date _____

Type of Event: Training Ride Clinic Camp Fun Ride

Road Track Cyclo-cross Mountain Biking Collegiate

Permit Number: 2017 - _____ Officer Signature: _____

Rider Surcharges

of riders _____ on date _____ x \$ 2.50 each per day = \$ _____

of riders _____ on date _____ x \$ 2.50 each per day = \$ _____

of riders _____ on date _____ x \$ 2.50 each per day = \$ _____

Licenses and Memberships sold:

of one-day licenses sold _____ x \$10 each \$ _____

of USA Cycling annual licenses sold _____ x \$70 each \$ _____

Beginner racer: Road, Track, or CX Men and Women Cat 4/5
MTB Cat2/3

of USA Cycling annual licenses sold _____ x \$75 each \$ _____

Experienced racer: Road, Track, or CX Cat 2/3, and MTB Cat 1

of USA Cycling annual licenses sold _____ x \$95 each \$ _____

Experienced racer: Road, Track, or CX Cat 1

of junior USA Cycling annual licenses sold _____ x \$35 each \$ _____

of collegiate USA Cycling annual licenses sold _____ x \$45 each \$ _____

Late Filing Fee:

(\$50 if within 22-40 days following the event date, \$100 if within 41-60 days, \$150 if within 61-100 days.) \$ _____

NO REFUNDS NO EXCEPTIONS

TOTAL: \$ _____

Payment Options:

_____ **Check** Make payable to: **USA Cycling, Inc.**

_____ **VISA/MasterCard** Credit Card #: _____ CC Expiration Date: _____

_____ **Money Order** Cardholder Name: _____

_____ **Promoter Account** Cardholder Address: _____

City: _____ St: _____ Zip: _____

Signature: _____

PLEASE PRINT IN BLOCK LETTERS

| | RIDER NAME | RIDER ADDRESS | LICENSE # |
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