



USAC BMX 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

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 waivers/releases (attached): _____
Name of Rider & License #: _____
Name of Rider & License #: _____
Name of Rider & License #: _____
Name of Rider & License #: _____
Name of Rider & License #: _____

Officials:

Sufficient: Yes No
Comments _____

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 Participants:

Class #
Elite Men _____
Elite Women _____
Junior Men _____
Junior Women _____

Total # of Riders _____

USAC License Sold:

Junior USAC BMX Licenses Sold: _____
Cash or Checks collected \$ _____
Elite USAC BMX Licenses Sold: _____
Cash or Checks collected \$ _____

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 Race Results Insurance Fees / Money