

# USA CYCLING BEGINNING RACER PROGRAM APPLICATION



**NAME:**

**D.O.B.**

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LAST

FIRST

MIDDLE

DAY/MONTH/YEAR

**CURRENT ADDRESS:**

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STREET

CITY

STATE

ZIP

**PHONE NO.:**

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**ARE YOU A USA CYCLING LICENSED COACH?**

YES

NO

**USA CYCLING COACHING LICENSE LEVEL:**

3

2

1

**USA CYCLING LICENSE NUMBER:**

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**LIABILITY INSURANCE CARRIER:**

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**PROPOSED LOCATION OF BRP:**

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**PROPOSED DATES OF BRP:**

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**WILL BRP BE A STAND ALONE EVENT OR HELD IN CONJUNCTION WITH ANOTHER EVENT(S)?**

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**EXPERIENCE (PROMOTING, RACING, ETC.):**

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**LIST OF POTENTIAL STAFF MEMBERS (Directors and/or Mentors):**

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**REFERENCES (LIST THREE):**

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NAME	CONTACT	RELATION
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NAME	CONTACT	RELATION
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NAME	CONTACT	RELATION
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I understand and agree that all USA Cycling Beginning Racer Programs I produce must and will be permitted through USA Cycling

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**NAME**

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**DATE**

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**SIGNATURE**

**Please send completed application to [coaches@usacycling.org](mailto:coaches@usacycling.org), or fax to 719-434-3262, or mail to:  
USA Cycling Beginning Racer Program, 210 USA Cycling Pt., Colorado Springs, CO 80919**