



**APPLICATION
FOR COLLEGIATE VARSITY STATUS
AS RECOGNIZED BY
USA CYCLING, INC.**

210 USA CYCLING POINT, COLORADO SPRINGS, CO 80919 phone: 719-434-4215 fax: 719 434-4315

e-mail: membership@usacycling.org

Please print in block letters. A licensed USA Cycling coach must fill out this form.*

- A.** School Name: _____
- B.** Coach's Name: _____ Coach's USA Cycling License Number: _____
Coach's Phone: _____ Coach's E-mail: _____
- C.** 1. Does the school with which this team is associated recognize this team as holding "varsity" status?
__Yes __No
2. Does the team disburse at least \$10,000 in scholarships to its athletes annually?
__Yes __No If yes, how much was distributed last year? \$_____
3. Does the team fund its riders' entry into most Collegiate Cycling races?
__Yes __No (Please mark "No" if the majority of those funds come from any kind of team dues.)
4. Which USAC Collegiate National Championships did the team attend in the previous calendar year?
__Track __Mountain Bike __Cyclocross __Road
- D.** The Athletic Director or such other school representative as can verify these answers must sign below:
Signature: _____ Date: _____
Printed Name: _____ Title: _____
- E.** The coach must sign below, verifying that all information on this form is true to the coach's knowledge:
Signature: _____ Date: _____
Printed Name: _____

*USA Cycling Collegiate Varsity Teams must employ or be advised by at least one licensed USA Cycling coach.

PLEASE SUBMIT THIS FORM TO USA CYCLING WITH YOUR COLLEGIATE CLUB TEAM ELIGIBILITY FORM.