

ROAD/TRACK/CYCLO-CROSS/GRAN FONDO/GRAVEL POST-EVENT REPORT AND PAYMENT



For USAC permitted events
210 USA Cycling Point, Colorado Springs, CO 80919-2215
Phone: 719/434-4200 Fax: 719/434-4300 e-mail: membership@usacycling.org

Event Name:	Permit #
Event Date:	Phone # ()
Event Organizer:	E-mail:
Chief Official:	Phone # ()

Rider Surcharges

of unique riders _____ on date _____ x \$ 4.00 each = \$ _____
 # of unique riders _____ on date _____ x \$ 4.00 each = \$ _____
 # of unique riders _____ on date _____ x \$ 4.00 each = \$ _____

Licenses Sold (optional for Gran Fondos/Gravel Events):

of one-day licenses sold _____ x \$10 each \$ _____
 Beginner racer: Men Cat 5, Women Cat 5.

of one-day license coupons redeemed _____ **(please attach coupon to the one-day license form)**

of USA Cycling annual licenses sold _____ x \$80 each \$ _____
 Beginner racer: Road, Track, or CX Men Cat 4/5 Women Cat 4
 MTB Cat 2/3

of USA Cycling annual licenses sold _____ x \$85 each \$ _____
 Experienced racer: Road, Track, or CX Cat 2/3, and MTB Cat 1

of USA Cycling annual licenses sold _____ x \$105 each \$ _____
 Experienced racer: Road, Track, or CX Cat 1

of Junior USA Cycling annual licenses sold _____ x \$40 each \$ _____

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

of Collegiate USA Cycling add-on licenses sold _____ x \$10 each \$ _____

Accidents / Occurrence Reports:

Name of person completing occurrence reports: _____
 Number of Occurrence Reports/ Release (Please Include with Post-Event): _____

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.)

TOTAL: \$ _____

Payment Options: NO REFUNDS NO EXCEPTIONS

_____ **Check/Money Order** (make payable to: **USA Cycling, Inc.**)

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

_____ **Promoter Account** Cardholder Name: _____

Cardholder Address: _____

City: _____ St: _____ Zip: _____

Signature: _____

I acknowledge I have received \$ _____ from the event organizer for payment of event listed above.

Chief Official Name: _____ Chief Official Signature _____

Mail payment to: USA Cycling, Inc., Attn: **Post-Event Reports, 210 USA Cycling Point, Colorado Springs, CO 80919-2215**. Payment is due no later than 21 days after an event date in order to avoid late filing fees. Event reporting and paperwork must be sent in after each race day in a series. Non-compliance, lack of full and timely payment, or fulfillment of event post-reporting will result in collection agency reporting, loss of membership and permitting privileges (suspension).