Please print in block letters. A team director with SafeSport training and a background check on file with USA Cycling must sign this form*

A. School Name: ____________________________________________________________

B. Anticipated Division

____ DI _____ DII

C. Coaching Staff Information

Team Director: ________________________ USA Cycling License Number: ____________
Phone: ______________________________ E-mail: ________________________________

Title: ______________________________
Name: ______________________________
Phone: ______________________________ E-mail: ________________________________

Title: ______________________________
Name: ______________________________
Phone: ______________________________ E-mail: ________________________________

Title: ______________________________
Name: ______________________________
Phone: ______________________________ E-mail: ________________________________

Please include the name and license (account) number for any other staff as an attachment to this application.

D. Varsity Requirements**

1. Does the school with which this team is associated recognize this team as holding “varsity” status either through the athletic department or other major university initiative?

   ___Yes   ___No

2. Is there at least one coach for the cycling team that is full time with the University?

   ___ Yes   ___ No

3. Does the team distribute cycling scholarships, grants or leadership awards to athletes?***

   ___ Yes   ___ No    If yes, how much was distributed last year? $__________________

4. What was the cost of school for students (to include tuition, room and board) in the previous year? For state schools this can be considered the in state cost.

   ____________________________________________
5. Does the team fund its riders’ entry into most Collegiate Cycling races? Please mark “No” if the majority of those funds come from any kind of team dues.

__Yes  __No

6. Does at least 50% of the budget for the team come from the University budget?

__Yes  __No

5. Which USAC Collegiate National Championships did the team attend in the previous calendar year?

__Track  __Mountain Bike  __Cyclocross  __Road  __BMX

E. Athletics Department Information

If your team is not a part of the athletic department, put in the contact information for the person who fills these roles for your team.

Athletic Director: ______________________  Phone: ______________________
Email: ______________________

Compliance Officer: ______________________  Phone: ______________________
Email: ______________________

E. Verification of Information

The Athletic Director or such other school representative as can verify these answers must sign below:

Signature: ______________________  Date: ______________________
Printed Name: ______________________  Title: ______________________

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 are encouraged to work with a licensed coach who will have met these requirements.

** Responses on this survey may be checked independently through athlete surveys, etc.

*** In order to be a Division I school, at least 1 full ride scholarship must be distributed; it may be split amongst riders. For more information on scholarship minimums and maximums, please contact USA Cycling.

PLEASE SUBMIT THIS FORM ALONG WITH EXPLANATION FOR ANY “NO” RESPONSES TO USA CYCLING AT THE BEGINNING OF EACH SCHOOL YEAR

Revised 1/9/17