



NON-COMPETITIVE ROSTER

Event Name _____ Event Date _____

Type of Event: Training Ride Clinic Camp Fun Ride

Road Track Cyclo-cross Mountain Biking Collegiate

Permit Number: 2018 - _____ Officer Signature: _____

Rider Surcharges

of riders _____ on date _____ x \$ 2.75 each per day = \$ _____

of riders _____ on date _____ x \$ 2.75 each per day = \$ _____

of riders _____ on date _____ x \$ 2.75 each per day = \$ _____

Licenses and Memberships sold:

of one-day licenses sold _____ x \$10 each \$ _____

of USA Cycling annual licenses sold _____ x \$75 each \$ _____

Beginner racer: Road, Track, or CX Men and Women Cat 4/5
MTB Cat2/3

of USA Cycling annual licenses sold _____ x \$80 each \$ _____

Experienced racer: Road, Track, or CX Cat 2/3, and MTB Cat 1

of USA Cycling annual licenses sold _____ x \$100 ea \$ _____

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 \$ _____

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.) \$ _____

NO REFUNDS NO EXCEPTIONS

TOTAL: \$ _____

Payment Options:

_____**Check** Make payable to: **USA Cycling, Inc.**

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

_____**Money Order** Cardholder Name: _____

_____**Promoter Account**

Cardholder Address: _____

City: _____ St: _____ Zip: _____

Signature: _____

PLEASE PRINT IN BLOCK LETTERS

	RIDER NAME	RIDER ADDRESS	LICENSE #
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			
21)			
22)			
23)			
24)			
25)			
26)			
27)			
28)			
29)			
30)			
31)			
32)			
33)			
34)			
35)			
36)			
37)			
38)			
39)			
40)			

Page _____ of _____