



Event Cancellation Protection Program

Refund Request Form

Event Name:

Event Contact Details:

Address:

Email address:

Telephone:

Total Refund Amount Requested:

USA Cycling Representative (print):

USA Cycling Representative (sign):

Date Submitted:

Time Submitted:

DO NOT MARK ABOVE THIS BOX. TOP PORTION TO BE COMPLETED BY USA CYCLING.

By completing and submitting this Refund Request to USA Cycling, you are affirming that the event has been cancelled and will not be rescheduled within 90 days of the original start date. DO NOT submit this Refund Request until you are sure that the event will not be rescheduled within 90 days. If you submit a Refund Request, USA Cycling pays a refund to the registrants of the event and you reschedule the event with 90 days of the original start date, USA Cycling reserves the right to subrogate against you for all refunds paid.

Race Director Name:

Event Type:

Road:

- Road Race
- Cyclo-cross
- Criterium
- Series Race
- RDRS
- Other _____

- Track Race
- Time Trial
- Stage Race
- Amateur Only
- Open (pro-am)

- PRT
- UCI
- State
- Local
- Collegiate

Mountain Bike:

- | | | |
|---|--|--|
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Marathon | <input type="checkbox"/> ADJOMTB |
| <input type="checkbox"/> 6, 12, 14 hour | <input type="checkbox"/> Dual Slalom | <input type="checkbox"/> Observed Trials |
| <input type="checkbox"/> Downhill | <input type="checkbox"/> Hill Climb | <input type="checkbox"/> Pro XCT |
| <input type="checkbox"/> Time Trial | <input type="checkbox"/> Training Series | <input type="checkbox"/> Pro GRT |
| <input type="checkbox"/> High School | <input type="checkbox"/> Stage | <input type="checkbox"/> UCI |
| <input type="checkbox"/> Local | <input type="checkbox"/> 4x | <input type="checkbox"/> Enduro |
| <input type="checkbox"/> Super D | <input type="checkbox"/> Collegiate | <input type="checkbox"/> Other _____ |

Non Competitive:

- | | | |
|-------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Gran Fondo | <input type="checkbox"/> Gravel | <input type="checkbox"/> Fun Ride |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Clinic | |

Event Location:

Event Scheduled Start Date:

Event Scheduled End Date:

Reason for cancellation and details (attach any supporting documentation):

Reason for not rescheduling:

Does the event have a published "No Refund Policy" for cancellations related to Adverse Weather, Natural Catastrophe and Terrorism as defined in the USA Cycling Event Cancellation Protection Program? <http://www.usacycling.org/usa-cycling-event-cancellation-protection-program.htm>

YES _____ No _____

Declaration:

I declare that the information provided related to this Refund Request is true and accurate and that I have not omitted any details. I authorize USA Cycling to divulge to their employees or other third parties such information as may be necessary to assist in the processing of my Refund Request on behalf of the event's registrants. I will not issue any refunds directly to the event's registrants. I understand that falsification of the information provided will result in this Refund Request being declined and may result in legal action against me.

Signed:

Print Name:

Company:

Date: