

# 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](mailto: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 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: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

\_\_\_\_\_ **Promoter Account** 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).