

**CAMPS/CLINICS/TRAINING RIDES  
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:

**Rider Surcharges**

# of riders _____ on date _____	x \$ 4.75	\$ _____
# of riders _____ on date _____	x \$ 4.75	\$ _____
# of riders _____ on date _____	x \$ 4.75	\$ _____

**Licenses Sold:**

# of one-day licenses sold _____	x \$10 each	\$ _____
# of Standard Membership sold _____ (Valid for 12 months from date of purchase)	x \$40 ea.	\$ _____
# of Premium Membership sold _____ (Valid for 12 months from date of purchase)	x \$80 ea.	\$ _____

**Accidents / Occurrence Reports:**

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

**Late Filing Fee:**

(\$100 Post Event Late Fee – 22+ days) \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**Payment Options:**

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

\_\_\_\_\_ **VISA/MasterCard/Discover** Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Cardholder Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
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 22 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).