



MOUNTAIN BIKING COMPETITIVE EVENT CHECK LIST

USA Cycling Inc., 210 USA Cycling Point, Suite 100, Colorado Springs CO 80919-2215
 Phone 719/434-4200 ♦ Fax 719/434-4300 ♦ <http://www.usacycling.org>

All questions need to be answered by the *Event Organizer* before submitting to USA Cycling for permitting. This form is not required for non-competitive events, training rides, camps or clinics. Prior to the race, the Chief Official must complete his/her event check list questions. Failure to comply with the provisions agreed upon on this form may result in cancellation of the permit or the Chief Official canceling the event on race day. The Chief Official will return this form with his/her report on the event to USA Cycling.

RACE NAME: _____ PERMIT NO. _____

LOCATION: City: _____ State: _____ EVENT DATE(S): _____

EVENT DIRECTOR: _____ STATE: _____

SCHEDULED EVENT START TIME: _____ FINISH TIME: _____

1. **Identify the person(s) responsible for completing the Occurrence Reports to be submitted to the Chief Official:** _____

2. **Estimated number of event participants and spectators:** Participants: _____ Spectators: _____

3. **Event Flier:**

- a. Does the flier list: event contact information? race location?
- b. Does the flier list: entry fees? prize list? registration time?
- c. How will/was the flier distributed?

Organizer		Chief Official	
YES	NO	YES	NO

Organizer Comments: _____

Official Comments: _____

4. **Organizer's Support Staff:**

- a. How many support staff will be/were present?

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Organizer Comments: _____

Official Comments: _____

5. **Medical Support:**

- a. Will an ambulance be on site?
- b. Has a local hospital been contacted?
- c. Will medical locations be set up?
- d. Separate medical plan checklist included?

Organizer Comments: _____

Official Comments: _____

6. **Event Permits:**

- a. Has written permission been granted to use the course?
- b. Has written notice been submitted to property owners (private or gov't)?
- c. Will automobiles be used in this event? If so, how many? _____
- d. Will motorcycles be used in this event? If so, how many? _____

Organizer Comments: _____

Official Comments: _____

7. **Spectator and Race Control:**

- a. Have course marshal locations been set?
 - 1. Dangerous technical sections
 - 2. Intersecting trails
 - 3. Course turns
- b. Have hazards on course been clearly marked?

Organizer Comments: _____

Official Comments: _____

8. Race Course Conditions:

- a. Type of event: cross-country downhill dual slalom other:
- b. Course distance (in miles feet kilometers):
- c. Type of markings: ribbons arrows fencing other:
- d. Is there a course map available?

Organizer		Chief Official	
YES	NO	YES	NO

Organizer Comments: _____

Official Comments: _____

9. Communications:

- a. Amateur Radio Operators
- b. Citizen Band Radios
- c. Business Band Radios
- d. Cellular Telephones

Organizer Comments: _____

Official Comments: _____

10. Event Entry Fee and Participant Licensing:

- a. Were USAC guidelines followed in determining entry fees?
- b. Will participants receive extra amenities with their entry?
- c. Who will be responsible to check annual licenses at registration?
- d. Who will be selling annual mountain biking memberships?

Organizer Comments: _____

Official Comments: _____

11. Prizes and Award Presentation:

- a. Is there an identified prize list for the event?
- b. Is the prize list stated on the event flier?
- c. Has cash and merchandise been separated on the event flier?
- d. Is there a plan for distributing the awards?
- e. Will there be an awards ceremony?

Organizer Comments: _____

Official Comments: _____

12. Event Results:

- a. Has a results process been established?
- b. Will electronic timing and/or computers be used?
- c. Will the mountain biking official be handling the timing and scoring?
- d. Has an area been identified where the results will be posted?
- e. Will results be submitted to the media?

Organizer Comments: _____

Official Comments: _____

Organizer's Signature _____ Date _____

Chief Referee's Signature _____ Date _____

Regional Coordinator Signature _____ Date _____