



MOUNTAIN BIKING EVENT ORGANIZER'S Evaluation of Official

1 Olympic Plaza, Colorado Springs, CO 80909 Phone: 719-866-4581 Fax: 719-866 4628

Promoters: Please complete and return to USA Cycling with your post-event materials. Use one form for each official.

Contact Information

EVENT NAME: _____

ORGANIZER: _____

EVENT DATE: _____ PERMIT # _____

EVENT LOCATION: City _____ State _____

OFFICIAL'S NAME: _____

Evaluation

1. Did you have a pre-race meeting with the official to express your expectations of him/her at the event?
Yes No
2. Did the official arrive at the race headquarters at least one hour prior to the scheduled start time of the first event?
Yes No
3. Was the official a benefit to the event? Yes No

Please rate the official in the following areas by circling the appropriate value. If the official was not responsible for any of the items below, circle N/A.

Values: 5 = excellent / 4 = good / 3 = average / 2 = below average / 1 = poor

Course Inspection	5	4	3	2	1	N/A
Registration	5	4	3	2	1	N/A
License Sales	5	4	3	2	1	N/A
Scoring	5	4	3	2	1	N/A
Timing	5	4	3	2	1	N/A
Results	5	4	3	2	1	N/A
Knowledge of Rules	5	4	3	2	1	N/A
Knowledge of Job	5	4	3	2	1	N/A
Decision-making	5	4	3	2	1	N/A
Handling Protests	5	4	3	2	1	N/A
Attitude toward Riders	5	4	3	2	1	N/A
Attitude toward Promoter	5	4	3	2	1	N/A

Comments: _____

Event Organizer Signature: _____ Date: _____