COLLEGIATE CHIEF REFEREE REPORT
USA CYCLING, INC.

EVENT NAME _____ DATE OF EVENT _____

PROMOTING CLUB(S) _____

EVENT DIRECTOR'S NAME _____ STATE _____ PERMIT # _____

PLEASE CHECK APPROPRIATE BOXES BELOW

Race Announcement:

Available:	☐ Yes	☐ No
Events as Indicated:	☐ Yes	☐ No

What time did event start? _____

What time did event end? _____

Registration:

Sufficient Staff:	☐ Yes	☐ No
Sufficient facilities/time allowed:	☐ Yes	☐ No
Start lists adequate:	☐ Yes	☐ No

Prize Distribution and Awards:

15 minutes after results:	☐ Yes	☐ No
Posting area adequate:	☐ Yes	☐ No

Event Conduct:

Course changes required:	☐ Yes	☐ No

Race Technical Support:

Neutral support service:	☐ Yes	☐ No
Licensed mechanics:	☐ Yes	☐ No
Photo Finish:	☐ Yes	☐ No

First Aid / Medical Support:

Describe Facilities _____

_____

_____

Accidents / Occurrence Reports:

_____
(Indicate person completing occurrence report)

Number of Occurrence Reports (attached): _____

Number of Rider waivers/releases (attached): _____

Name of Rider & License #: _____

Name of Rider & License #: _____

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Name of Rider & License #: _____

Rider Discipline (check if any to report): ☐ Yes ☐ No

Attach written report including name, license number and official action, including relegations, disqualifications and fines.

Additional Comments

_____

_____

_____

_____

Number of Event Motorcycles: _____

Number of Event Automobiles: _____

Number of Event Participants:

Class	#	Class	#

Total # of riders _____

Insurance and Licenses:

Subtract # of riders in more than one event in the same day : _____

Total # of Riders:	_____ x $3	=	$ _____
# of one-day lics:	_____ x $10	=	$ _____
# of annual lics:	_____ x $60	=	$ _____
# of add-on annual lics:	_____ x $30	=	$ _____
# of dual annual lics:	_____ x $90	=	$ _____
# of junior annual lics:	_____ x $30	=	$ _____
# of junior dual annual lics:	_____ x $60	=	$ _____

TOTAL ENCLOSED: $ _____

Make checks payable to USA Cycling, Inc.

LIST EVENT OFFICIALS:

Name	License #	Position	Name	License #	Position

Chief Official (Print Name)	Signature	License #	Date

Enclosed: ☐ Occurrence Reports ☐ Race Results ☐ Insurance Fees / Money

210 USA CYCLING POINT, SUITE 100 ▪ COLORADO SPRINGS CO 80919-2215 ▪ 719/434-4200 ▪ FAX 719/434-4300