



Mountain Biking Official's Report

210 USA Cycling Point, Suite 100
 Colorado Springs, Colorado 80919
 P: 719/434-4200 ♦ F: 719/434-4300

Race Contact Information

Race Name:	
Race Date(s):	Permit #
Organizer:	
Organizer Phone #	Organizer E-mail:
City:	State:

Race Disciplines

<input type="checkbox"/> XC # of Riders ____	<input type="checkbox"/> STXC # of Riders ____	<input type="checkbox"/> DH # of Riders ____	<input type="checkbox"/> DS # of Riders ____
<input type="checkbox"/> OT # of Riders ____	<input type="checkbox"/> HC # of Riders ____	<input type="checkbox"/> PTP # of Riders ____	<input type="checkbox"/> MtnX # of Riders ____

Race Flier

Available to participants?	Yes	No	Course explained on race flier?	Yes	No
Events held as indicated?	Yes	No	Practice times indicated?	Yes	No
Prizes awarded as specified?	Yes	No	Start times stated?	Yes	No
Surcharges (late fees) clearly stated?	Yes	No	Entry fees clearly indicated?	Yes	No
Were age breakouts rankable?	Yes	No			

Pre-Event Inspection

Were courses altered due to safety?	Yes	No	If yes, explain:
Were start/finish banners clearly visible?	Yes	No	Proper course markings used? Yes No

Registration

Did registration go smoothly?	Yes	No	If no, explain:
Was there sufficient staff?	Yes	No	Was race day (late) registration offered? Yes No
Was pre-registration given preference?	Yes	No	Was the registration area organized? Yes No

Race

Was a timing company used?	Yes	No	How many course marshals were there?
Were feed zones offered?	Yes	No	

Results

Posted in a timely fashion?	Yes	No	Accurate?	Yes	No
Any timing / scoring problems? Explain:	Yes	No	Any race result protests? Explain:	Yes	No

Awards

Was an awards ceremony offered?	Yes	No	Was the awards ceremony on time?	Yes	No
Was the awards area easy to find?	Yes	No	Were prizes stated on race flier awarded?	Yes	No

First Aid / Medical Support

Was a medical plan used?	Yes	No	Describe Facilities:
--------------------------	-----	----	----------------------

