



# ROAD / TRACK /CYCLOCROSS COMPETITIVE EVENT CHECK LIST

USA Cycling Inc., 1 Olympic Plaza, Colorado Springs CO 80909-5775 phone 719/866-4581, fax 719-866-4628 <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 Referee 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 Referee canceling the event on race day. The Chief Referee will return this form with his/her report on the event to USA Cycling.

1 ▶ RACE NAME: \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

LOCATION: City: \_\_\_\_\_ State: \_\_\_\_\_ EVENT DATE(S): \_\_\_\_\_

EVENT ORGANIZER: \_\_\_\_\_ STATE: \_\_\_\_\_

SCHEDULED EVENT START TIME: \_\_\_\_\_ FINISH TIME: \_\_\_\_\_

## SECTION 1 — ALL EVENTS

1. Identify the person(s) responsible for completing the Occurrence Reports to be submitted to the Chief Referee: \_\_\_\_\_

2. Estimated number of event participants and spectators: Participants: \_\_\_\_\_ Spectators: \_\_\_\_\_

3. Event Flier:

	ORGANIZER		CHIEF REFEREE	
	YES	NO	YES	NO
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?				

Track - Complete Section 1 Only

4. Are copies of the Third Party Insurance Certificates attached?

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Organizer Comments: \_\_\_\_\_

Referee Comments: \_\_\_\_\_

5. Organizer's Support Staff:

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

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Organizer Comments: \_\_\_\_\_

Referee Comments: \_\_\_\_\_

6. 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: \_\_\_\_\_

Referee Comments: \_\_\_\_\_

7. Event Entry Fee and Participant Licensing :

a. Who will be responsible to check annual licenses at registration?		
b. Who will be selling one-day licenses?		
c. Who will be selling annual road/track memberships?		

Organizer Comments: \_\_\_\_\_

Referee Comments: \_\_\_\_\_

## SECTION 2 — ROAD EVENTS

8. 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. Have course residents been notified?				
d. Will automobiles be used in this event? If so, how many? _____				
e. Will motorcycles be used in this event? If so, how many? _____				

Section 2  
N/A for Track

1 Organizer Comments: \_\_\_\_\_

Referee Comments: \_\_\_\_\_

	YES	NO	YES	NO
9. Spectator and Race Control:				
a. Have course marshall locations been set?				
1. Major intersections				
2. Intersecting roads				
3. Locations open for business (heavy traffic)				
b. Will police be present?				

Organizer Comments: \_\_\_\_\_

Referee Comments: \_\_\_\_\_

10. Course Closure (complete a, b, or c):				
a. Total Closure				
b. Rolling Closure				
c. No Closure				

Organizer Comments: \_\_\_\_\_

Referee 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 flier?				
d. Is there a plan for distributing the awards?				
e. Will there be an awards ceremony?				

Organizer Comments: \_\_\_\_\_

Referee Comments: \_\_\_\_\_

12. Communications:				
a. Amateur Radio Operators				
b. Citizen Band Radios				
c. Business Band Radios				
d. Cellular Telephones				
e. Will/did vehicles have radios?				

Organizer Comments: \_\_\_\_\_

Referee Comments: \_\_\_\_\_

13. Signage:				
a. Signs at intersections?				
b. Signs directing participants to course location?				
c. Start/Finish Line identified?				
d. Feed zone identified?				
e. White flag/sign at 200m?				
f. Have hazards on course been clearly marked?				

Organizer Comments: \_\_\_\_\_

Referee Comments: \_\_\_\_\_

2 Organizer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Chief Referee's Signature \_\_\_\_\_ Date \_\_\_\_\_

3 RC/LA Signature \_\_\_\_\_ Date \_\_\_\_\_