



NON-COMPETITIVE ROSTER

Event Name _____ Event Date _____

Type of Event: Training Ride Clinic Camp

Club Name: _____ Road/Track/Cyclocross Mountain Biking Collegiate

Permit Number: 2009 - _____ Officer Signature: _____

Insurance Surcharges

of riders _____ on date _____ x \$ 1.00 each = \$ _____

Licenses and Memberships sold:

of one-day licenses sold (mandatory) _____ x \$5 each \$ _____

of USA Cycling annual licenses sold _____ x \$60 each \$ _____

of dual USA Cycling annual licenses sold _____ x \$90 each \$ _____

of junior USA Cycling annual licenses sold _____ x \$30 each \$ _____

of dual junior USA Cycling annual licenses sold _____ x \$60 each \$ _____

Late Filing Fee: \$ _____

(\$50 if within 22-40 days following the event date, \$100 if within 41-60 days, \$150 if within 61-100 days.)

TOTAL: \$ _____

Payment Options:

___ **Check** Make payable to: **USA Cycling, Inc.**

___ **VISA** Credit Card #: _____ Expiration Date: _____

___ **MasterCard** Cardholder Name: _____

___ **Money Order** Cardholder Address: _____

City: _____ St: _____ Zip: _____

Signature: _____

PLEASE PRINT IN BLOCK LETTERS

	RIDER NAME	RIDER ADDRESS	LICENSE #
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