

ORGANISER'S RACE INFO SHEET

TYPE OF RACE: () Road () TT () Circuit () Hill Climb-TT () Hill Climb-MS () Criterium

LOCATION CITY: _____ DATE OF EVENT: _____

ORGANISER(S): _____

ADDRESS: _____

POSTAL CODE: _____

PHONE: RES: _____ Mobile: _____ E-mail: _____

PROMOTING CLUB OR ORGANISATION: _____

SIGN-ON PLACE: _____

START TIME*: _____ RACE-START PLACE: _____

DETAILS OF THE COURSE: (include map if possible)

LENGTH OF and number of LAPS: _____ km. _____ laps.

TYPE OF TERRAIN (Undulating, etc.): _____

ROAD RACE distances will be approx should work out to a race total time of 1 hour & 45 minutes to 2 hours. **TIME TRIALS** should be recognized distances, e.g. 16 km, 40 km, etc. Terrain should not include big hills or dangerous traffic sections.

SPECIAL ATTENTION must be paid to provide a safe and fair finish for all events.

PLEASE - Consider those who have to travel long distances and time your events to accommodate them; and advertise any extra social activities, besides the usual after race refreshments.

It is necessary to complete the attached insurance information.

***Note: sign-on time starts 1 hour before first racers start.**

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Insurance information

Description of Non-Cycling Activities, if any: _____

Will there be temporary stages, tents, lighting (if "Yes", complete supplemental application): YES NO

Is Liquor served at event (if "Yes", complete Liquor application): YES NO

Has this event been held in the past: YES NO

Are road closures required for event (if "Yes", provide map of course & roads involved): YES NO

List of Additional Insured Required for Event:

It is understood and agreed that the following entities are added to the policy as Additional Insured, but only with respect to the operation of the Named Insured above. The certificate applies to the members and authorized personnel of the Insured while operating within the scope of their duties.

Name: _____

Full Address: _____

Please indicate the Additional Insured's interest, responsibilities and duties in event.

Name: _____

Full Address: _____

Please indicate the Additional Insured's interest, responsibilities and duties in event.

Name: _____

Full Address: _____

Please indicate the Additional Insured's interest, responsibilities and duties in event.

Name: _____

Full Address: _____

Please indicate the Additional Insured's interest, responsibilities and duties in event.

Add more in same format if required

DECLARATION: As a race organiser, I agree to adhere to the rules and regulations of the UCI, CCA, CBC, and the BCMCA, the latter to take precedence. Also to comply with the requirements of the regulatory bodies that governs our use of the roads, street and highways.

SIGNED: _____ **date:** _____

PLEASE COMPLETE ALL INFORMATION AND SEND TO: bill.yearwood@tsb.gc.ca