



ORGANIZER'S RACE INFO SHEET

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

LOCATION CITY:

EVENT DATE: (dd/mm/yyyy)

ORGANIZERS:

ADDRESS:

POSTAL CODE:

E-mail:

PHONE: Home:

Cell:

PROMOTING CLUB OR ORGANIZATION:

SIGN-ON PLACE:

START TIME*:

RACE-START PLACE:

DETAILS OF COURSE: (include map if possible)

LENGTH OF:

km.

Number of laps:

TYPE OF TERRAIN (Undulating, etc.):

ROAD RACE – give approx. distance & total race time should work out to 1hr 45 min to 2 hrs.
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 travelling long distances and time your events to accommodate them.

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.



INSURANCE INFORMATION

Description of Non-Cycling Activities, if any:	YES	NO
Will there be temporary stages, tents, lighting (if "Yes", complete supplemental application):	()	()
Is Liquor served at event (if "Yes", complete Liquor application):	()	()
Has this event been held in the past:	()	()
Are road closures required for event: (If "Yes", provide map of course & roads involved):	()	()

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.

Add more in same format if required.

DECLARATION: As a race organizer, 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