

UNITED STATES CYCLING FEDERATION

NATIONAL COLLEGIATE CYCLING ASSOCIATION

USA Cycling Inc., 1 Olympic Plaza, Colorado Springs CO 80909-5775 phone 719/866-4581, fax 719-866-4628 http://www.usacycling.org

COMPETITIVE EVENT CHECK LIST

As the Event Organizer, you must complete your designated half and submit this form to USA Cycling for a permit to be issued for all events except non-competitive club training rides and classroom clinics. Prior to the race, the Chief Referee must complete his/her designated half. Failure to comply with the provisions agreed upon in this Check List may result in cancellation of the permit or the Chief Official's canceling the event on race day. The Chief Official will return this form with his/her report on the event to USA Cycling.

BE CERTAIN TO SIGN THE COMPLETED FORM WHERE INDICATED BEFORE FORWARDING TO THE CHIEF REFEREE.

RACE NAME: _____ PERMIT NO. _____

LOCATION: _____ EVENT DATE(S): _____

EVENT DIRECTOR: _____ STATE: _____

SCHEDULED EVENT START TIME: _____ FINISH TIME: _____

SECTION 1 — ALL EVENTS (INCLUDING CYCLOCROSS AND TRACK)

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:**

- 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?

Organizer		Chief Official	
YES	NO	YES	NO

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

--	--	--	--

Organizer Comments: _____

Referee Comments: _____

5. **Organizer's Support Staff:**

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

--	--

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?

Organizer Comments: _____

Referee Comments: _____

7. **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?

Organizer Comments: _____

Referee Comments: _____

8. **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: _____

SECTION 2 — ROAD EVENTS

Organizer		Chief Referee	
YES	NO	YES	NO

9. **Course Closure** (complete a, b, or c):

- a. Total Closure
- b. Rolling Closure
- c. No Closure

Organizer Comments: _____

Referee Comments: _____

10. **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 USCF memberships?

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?

Organizer Comments: _____

Referee Comments: _____

Organizer's Signature _____ Date _____

Chief Referee's Signature _____ Date _____