

**2021 CYCLO-CROSS CALENDAR DATE REQUEST FORM**

Due: ASAP

Please complete and return to Yvonne van Gent

Mail: 1135-A South Oneida Street, Denver, CO 80224

Email: [Membership@ColoradoCycling.org](mailto:Membership@ColoradoCycling.org)

**Please include Refundable Race Calendar Deposit of \$100**

Make checks payable to "ColoradoCycling.Org" or complete credit card information below.

Club: \_\_\_\_\_

Name of Race: \_\_\_\_\_ Location of Race: \_\_\_\_\_

Race Contact: \_\_\_\_\_ Race Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Race Date: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

**What, if anything, would you like to be considered for?**

Colorado Cross Cup:  Yes  No

CCO/USAC State Championships:  Yes  No

(States must be run on two days)

**Credit Card Information for Calendar Fee payment- Please print legibly**

Card Type:  Visa  Mastercard Expiration (mm/yy):  /

Card Number

Name on Card: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Cardholder Phone: \_\_\_\_\_

Cardholder Email: \_\_\_\_\_

<b>Electronic Results:</b> If yes, by whom				
<input type="checkbox"/> No	<input type="checkbox"/> AGR (Al McDonald)	<input type="checkbox"/> D&L Sound (Doug Ashbaugh)	<input type="checkbox"/> RaceRite (Mark Bockman)	<input type="checkbox"/> Other
<b>PhotoFinish:</b> If yes, by whom				
<input type="checkbox"/> No	<input type="checkbox"/> AGR (Al McDonald)	<input type="checkbox"/> D&L Sound (Doug Ashbaugh)	<input type="checkbox"/> RaceRite (Mark Bockman)	<input type="checkbox"/> Other
<b>Chip Timing:</b> <input type="checkbox"/> No <input type="checkbox"/> If yes, by whom				

<b>Race Service Package: see <a href="#">link</a> for benefits of each package</b> (this fee will be collected after the event)			
<input type="checkbox"/> Basic: \$100	<input type="checkbox"/> Premium: \$450	<input type="checkbox"/> Weekday: \$150 /day	