



2021 BRAC ROAD CALENDAR DATE REQUEST FORM

Due: ASAP

Please complete and return to Yvonne van Gent along with the Race Calendar Deposit Fee*

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

Email: Membership@ColoradoCycling.org

Race Calendar Deposit is \$100, and is due when the event is submitted for inclusion on the race calendar. The fee will be subtracted from the surcharges after the successful completion of the event.

Make checks payable to "Bicycle Racing Association of Colorado" or complete credit card information below.

Club: _____

Club Contact: _____

Email: _____ Contact Phone: _____

Name of Race: _____ Location of Race: _____

Race Contact (If different from above): _____

Email: _____ Race Contact Phone: _____

Race Date: 1st Choice: _____ 2nd Choice: _____

Type of Event	<input type="checkbox"/> Stage Race	<input type="checkbox"/> Omnium	<input type="checkbox"/> Series	<input type="checkbox"/> Time Trial	<input type="checkbox"/> Team Time Trial
	<input type="checkbox"/> Road Race	<input type="checkbox"/> Circuit RR	<input type="checkbox"/> Hill Climb	<input type="checkbox"/> Criterium	<input type="checkbox"/> Camp/Clinic

Proposed 2021 Categories:

<input type="checkbox"/> JM/W 9-10	<input type="checkbox"/> JM/W 11-12	<input type="checkbox"/> JM/W 13-14	<input type="checkbox"/> JM/W 15-16	<input type="checkbox"/> JM/W 17-18
<input type="checkbox"/> SM P-1-2	<input type="checkbox"/> SM 3	<input type="checkbox"/> SM 4	<input type="checkbox"/> Beginner Men (SM 5)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> SW P-1-2	<input type="checkbox"/> SW 3	<input type="checkbox"/> SW 4	<input type="checkbox"/> Beginner Women (SW 5)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> MM 40+ 1-2-3	<input type="checkbox"/> MM 40+ 3	<input type="checkbox"/> MM 40+ 4	<input type="checkbox"/> MM 50+ 1-2-3	<input type="checkbox"/> MM 50+ 4
<input type="checkbox"/> MM 60+	<input type="checkbox"/> MM 70+	<input type="checkbox"/> MW 40+	<input type="checkbox"/> MW 50+	<input type="checkbox"/> MW 60+

Would you like to be considered for Colorado Road CUP? Yes NO

Would you like to be considered for Colorado State Championships ?

<input type="checkbox"/> Road	<input type="checkbox"/> Hill Climb	<input type="checkbox"/> Masters (10 Race Groups)	<input type="checkbox"/> Seniors (6 Race Groups)	<input type="checkbox"/> Juniors (10 Race Groups)	<input type="checkbox"/> None
<input type="checkbox"/> Criterium					

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

Credit Card Information for Race Calendar Deposit Fee payment- Please print legibly

Card Type: Visa Mastercard Card Number:

Expiration (mm/yy): /

Name on Card: _____ Cardholder Phone: _____

Street: _____ City: _____ State: _____ Zip: _____