

# Application

## Provincial and Inter-Provincial Events

1. Please, complete this form by answering all questions.
2. Keep a copy of this document for your files.
3. Incomplete applications will not be considered
4. This application must be return prior to the deadline.

### ORGANIZER

Club:			
Address:			
Responsible Person:			
Address:			
Postal Code:			
Phone:		(Home)	(Work)
Fax:			
Email:			
Website:			

### GENERAL INFO

Name of Event:			
Level of Event			
Date Selection:			
1 <sup>st</sup> Choice		2 <sup>nd</sup> Choice	

**HOSTING CAPACITY**

Host City:		Population	
Closest Major City		Population	
Is there camping available on site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Number of beds available in 10km distance of race site			
Is there a restaurant available on site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Number of restaurants available in 10km distance of race site			
Parking Capacity at Race site			
Spectator capacity at race site:			

**ORGANIZING CAPACITIES**

**HUMAN RESOURCES**

Total club members	
Total organization volunteers	

**TRACK**

<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor
Distance (m)	
Height of Start Hill	
Width at the First Jump (m)	
Min. width of the First turn is greater then 6 m	<input type="checkbox"/> Yes <input type="checkbox"/> No

Min. width of all straights after the first is greater then 5 m	<input type="checkbox"/> Yes <input type="checkbox"/> No
Min. width of all turns after the first is greater then 5 m	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of obstacles on the track	
Number of turns on the track	
Type of surface on the start hill	
Type of surface on the turns	
Type of surface on the straights	
Type of surface at the finish line	
Does Start gate have UCI call	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TRACK UTILIES</b>	
Electricity at the Start	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electricity at the finish	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lights in place on track	<input type="checkbox"/> Yes <input type="checkbox"/> No
PA System Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wireless Internet available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Track Fully fenced off	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water available to the track	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drainage in place on the track	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover over start area	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reserve material available on site	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MOTOSHED UTILITIES</b>	
Electricity in Motoshed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Computer with BEM software	<input type="checkbox"/> Yes <input type="checkbox"/> No
High speed printer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone line	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>STAGING AREA</b>	
Number of Staging lanes available	
Area for staging (# ft X # ft)	(        ft X        ft)
Is the area covered	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>ATTACHMENTS</b>	
<b>The following items must be submitted with the application form</b>	
Technical drawing of the track (distance, features, etc.)	
Layout of start finish area	
Executive Committee information (name, phone, email)	
List of facilities	
List of equipment available	

## DECLARATION

As race organizer, I am responsible for the technical, organizational, safety and financial standards of this event sanctioned by the Union Cycliste Internationale (UCI) and / or the Canadian Cycling Association (CCA).

I will pay all fees related to the level of sanction of the event, according to the various obligations put in place by the CCA and / or the PSO.

I have read and understood the UCI and or CCA rules and obligations, and I will apply them in good faith.

I will provide to the PSO all the information requested in this application form.

I will provide a written report no later then one month after the event.

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Organizer name:

Signature

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Date: