

CYCLO-CROSS EVENT REGISTRATION FORM



Forms must be submitted to the appropriate Area/Region/League Secretary; they must be received by 1st May for inclusion in the Cyclo-Cross Handbook and Racing Calendar.

Area/Region/League Name:			Event Ref: (Office Use Only)	
Event Date:	DAY	DATE	MONTH	YEAR
Event Name / Title:				
Venue / Race HQ:				
			Event/Race Headquarters Postcode:	
Changing Facilities? <input type="checkbox"/>		Toilet Facilities? <input type="checkbox"/>		Shower Facilities? <input type="checkbox"/>

LIST EVENTS IN TIME ORDER					
CATEGORIES (‘ALL’ is <u>not</u> acceptable – please specify each category, e.g. Sen., Jun., Women, Vet., Youth, Under-12)	START TIME (24 hour clock)	ENTRY FEE (incl. Levies)	ENTRY FEE (EOL if different)	EVENT CATEGORY (Premier, A, B, C)	STARRED EVENT*
		£	£		
		£	£		
		£	£		
		£	£		
		£	£		
		£	£		
		£	£		
*A race where advance entry is required should be marked with an asterisk. If no closing date is indicated in the box to the right, a closing date of 21 days before the event, or the first weekday thereafter, will be inserted.				CLOSING DATE: (If NOT 3 weeks standard)	

EVENT ORGANISATION DETAILS	
Please Note: Event Organisers MUST be BC Members. Organisers address details will appear in the racing calendar magazine and on www.britishcycling.org.uk	
Name of Organiser: (Please use forenames)	BC Membership No:
Address:	
Postcode:	
Day Telephone: (Code and Number) <input type="checkbox"/>	Evening Telephone: (Code and Number) <input type="checkbox"/>
E-Mail Address: <input type="checkbox"/>	Event Website: <input type="checkbox"/>
<input checked="" type="checkbox"/> Please cross these boxes if you DO NOT wish for these contact details to appear in our communications	
Promoting Club/Team/Organisation (must be affiliated to BC):	Entry fee cheques (where applicable) to be made payable to:

£10.00 EVENT LIABILITY INSURANCE PREMIUM ATTACHED:

AUTHORISED BY AREA/REGIONAL/LEAGUE SECRETARY: (signature). DATE: