



State Championship Application

Dear Organizer,

Thank you for your interest in hosting a USA Cycling state championship event. State championships are the highlight of the season for many riders and it is important that these events consistently rank among the best in each state. This formal application was designed to ensure a fair selection process for the organizers and a memorable experience for the riders.

To be considered for a state championship title, please submit the following application with a draft copy of the race flyer by the following deadlines:

Criterium, Road, and Time Trial State Championships:	March 31, 2017
Cyclocross State Championships:	August 1, 2017

Applications will be reviewed by the IN-KY Cycling Association Board of Directors and state championships awarded within two weeks of the aforementioned deadlines.

Primary factors considered by the Board for awarding state championships include location, schedule, classes/categories, amenities (food, lodging, parking, restroom facilities), registration/results, size of organizational staff, technical support, prize list, number of participants, written confirmation/approval from land owners, municipal governments, police, and written evaluation from a previous chief referee. Only established events will be considered for championship status.

Please do not hesitate to contact me with any questions or concerns regarding the state championship application process or IN-KY Cycling Association policies and procedures. I look forward to working with you to make 2017 a successful racing season for all.

Sincerely,

Ken Hart

Permitting Coordinator
Indiana & Kentucky Cycling Association
kenhart@aol.com



2017 State Championship Application

Event Name: _____

2016 Date(s): _____ 2015 Date(s): _____

Location: _____

Club: _____

Organizer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Event website: _____

Championship requested:

Road Race _____ Criterium _____ Time Trial _____ Track _____ Cyclocross _____

Prize List:

Men 1/2: _____ Women: _____ Overall prize list: _____

Entry Fee(s): _____

Number of participants: _____

Number of spectators: _____

+ Please attach copies of **approval letters** from land owners, municipalities and police agencies that indicate the date and time you will be permitted to use the venue.

+ Please attach a copy of the **event flyer** showing categories/classes, start times, distance, prize list and directions.

Note: Championships must include all USAC categories and classes unless requesting a specific championship such as Elite Road Race. Masters road race, criterium and cyclocross age classes are organized in 10 year groups (35-44, 45-54, 55+). Time Trial classes may be organized in 5 year groups (30-34, 35-39, 40-44, 45-49, etc.)

Officials

Please list the previous official's crew for your race.

Chief Referee: _____

Chief Judge: _____

Assistant Referees: _____

Registration / Timing and Results

Describe the registration, timing and results system used at your event.

Contact information for **race day** registration/timing and results provider:

Name: _____

Phone: _____

Email: _____

Web site: _____

Contact information for online **pre-registration** provider:

Name: _____

Phone: _____

Email: _____

Web site: _____

Describe **Emergency Medical Plan**:

Describe **Race Course**: (include course maps)

Describe **Enclosure** for each race (full, rolling, open):

