



American Cycling Association  
**2009 Permit & Event Insurance Application**

RACE NAME \_\_\_\_\_

DATE(s) \_\_\_\_\_ STATE \_\_\_\_\_ PERMIT # \_\_\_\_\_

PROMOTING ACA CLUB(s) (maximum of 6 – do not use abbreviations; also include club #)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORGANIZER'S NAME \_\_\_\_\_

Email Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (eve) \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

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

Event Type: *Circle those that apply*

Road - Time Trial - Hill Climb - Criterium - Youth(<8yrs) FunRace - Cyclocross - Stage Race  
Omnium - Series Race - MBR Cross Country - MBR Downhill - Tour(Fun Ride) - Clinic - Camp - Track

Participants in 2008 \_\_\_\_\_ Predicted for 2009 \_\_\_\_\_

**Note:** A maximum of 700 numbers and two boxes of pins will be provide by ACA regardless of the number of days the permit is for. If more numbers are wanted, complete area below and include additional payment

Additional Sets of Numbers (\$15/100): \_\_\_\_\_ x \$15 = \$ \_\_\_\_\_

Additional Boxes of Pins (\$10/box): \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_

Chief Referee Requested (Indicate Name) \_\_\_\_\_

**By the signature the promoter/organizer of the above event agrees to abide by all ACA rules, policies, procedures, fee and surcharges as they apply to permits and insurance**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Mail this complete application (both sides) with the following attachments to the ACA State Rep.**

- Two copies of race announcement (entry form) **plus** an electronic version
- Completed and signed event check list
- Permit fee : \$25 for single day event      \$50 for series race      \$100 for stage races
- Youth Fun Race fee: \$25 (If your event has a Kids Race, you must pay this fee to be covered by ACA insurance)

**DEADLINES:** A late fee of \$50.00 will apply if a permit is filed 14-45 days out from the event. If filed 8-13 days out, the late fee will increase to \$150.00. No permit will be accepted from clubs/promoters within 7 days of the event date.

**SEND TO**

Yvonne van Gent – ACA State Representative  
1135A South Oneida St., Denver, CO 80224  
303.757.1892 (phone)  
[yvangent@earthlink.net](mailto:yvangent@earthlink.net)

**AMERICAN CYCLING ASSOCIATION  
2009 THIRD PARTY INSURED - REQUEST FORM**

Additional insured certificates are FREE

**Clubs and club members are covered under ACA Club Insurance  
DO NOT LIST YOUR CLUB OR CLUB MEMBERS ON THIS FORM**

RACE NAME \_\_\_\_\_

RACE CONTACT NAME \_\_\_\_\_

ADDRESS TO WHICH CERTIFICATES ARE TO BE SENT:

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE(s) \_\_\_\_\_ STATE \_\_\_\_\_ PERMIT # \_\_\_\_\_

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NAME \_\_\_\_\_

Indicate Relationship \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

NAME \_\_\_\_\_

Indicate Relationship \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

NAME \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

NAME \_\_\_\_\_

Indicate Relationship \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Use additional sheet of paper if you need to list more entities

**NOTE: "Indicate Relationship" line must be complete with the word property owner, sponsor, police, municipality, etc. If you need to have special language on your certificate, please specify that language on a separate sheet and include the request from the entity asking you for the special language on the certificate.**