



American Cycling Association

Officials - Surcharge Report

To be completed by Chief Referee, who is to return it along with CR report to appropriate ACA State Rep.

RACE NAME _____ DATE(s) _____

PROMOTING CLUB(s) _____ PERMIT # _____

ORGANIZER NAME _____ CHIEF REFEREE _____

OFFICIALS FEES (make check payable to each individual official)

Name	Position	Basic Fee	Mileage	Total Paid
	C.R.			
	C.J.			

Basic Fees: CR= \$100 CJ = \$90 AJ= \$80 Others= \$70 Over 8 hr: +\$15/hr ≤5hrs: \$50

Mileage: 55 cents/mile

ACA SURCHARGES (make check payable to ACA- do not accept cash)

___ Total Riders - ___ Free Jrs - ___ Free Citizen≤18- ___ Youth(<8) Race - ___ Duplicates = # of Participants

Insurance Surcharges

of Participants ___ x ___ Days x \$ 2.39 = \$ _____

Operational Surcharges

of Participants ___ x ___ Days x \$ _____ = \$ _____

Weekend Races: \$2.00 /rider/day

Stage/Omniums/Mid-Week Races/Rides/Camps/Clinics: \$1.00/rider/day

One Day Memberships (One-day fee is waived for children 8 and younger)

of Memberships ___ x \$10.00 = \$ _____

Promoter Rebate (# x \$4.00/rider) - \$ _____

ACA Due (# x \$6.00/rider) \$ _____

Annual Licenses (if applicable)

\$ _____

TOTAL DUE:

\$ _____

NUMBER OF COMPETITORS (# of starters needed for each category even in combined events)

Category	Number	Category	Number	Category	Number	Category	Number
SM Pro		SM 45+		SW 1		Jr 8-9	
SM 1		SM 45+, 4		SW 2		Jr 10-12	
SM 2		SM 55+		SW 3		Jr 13-14	
SM 3		SM 65+		SW 4		Jr 15-16	
SM 4				SW 35+		Jr 17-18	
SM 35+				SW 45+		Youth Race	
SM 35+,4				SW 55+			
SM 35+,3				SW 65+		Single Spds	

STATE REPRESENTATIVE

Yvonne van Gent - 1135A South Oneida St., Denver, CO 80224

Original to ACA/Copy to Promoter