



ACA UPGRADE APPLICATION FORM

Name: _____ Home Phone #: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip Code: _____ Club: _____
 ACA License #: _____ Rider Class/Cat: ___Rd ___CX ___TK ___MTB
 USCF License #: _____ Rider Class/Cat: ___Rd ___CX ___TK ___MTB

Complete Appropriate Section(s)

# of Road Events Entered This Year _____	# of CX Events Entered This Year _____
# of Yrs Racing in Current Road Category: _____	# of Yrs Racing in Current CX Category: _____
Desired Road Category: _____	Desired CX Category: _____

RACING PERFORMANCE AND EXPERIENCE

<u>Date</u>	<u>Name of Race</u>	<u>Dist/Time</u>	<u>Field Size</u>	<u>Place</u>	<u>Points</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(If results were obtained in non-ACA event(s), please indicate URL so results can be verified)

RECOMMENDATIONS

(Only necessary if wanting to go from 4's to 3's based on experience)

Name: _____	ACA Category : _____
Email: _____	ACA Club : _____
Name: _____	ACA Category : _____
Email: _____	ACA Club : _____

Upon completion, Send or Email information to:
 Yvonne van Gent - 1135A So. Oneida - Denver, CO - 80224
 yvangent@earthlink.net