



MANITOBA CYCLING ASSOCIATION

MCA BIKE RACE/ SANCT IONING REQUEST FORM

General Race Information: This information is to be completed and submitted to the Manitoba Cycling Association office a minimum of Two (2) months prior to the event.

Email: cycling.ed@sportmanitoba.ca

1. Name of Race: _____

2. Host Club: _____

3. Primary Contact:

• Name: _____

• Email: _____

• Phone: _____

• MCA License Number: _____

Type of Event:

- Mountain Bike:** Cross Country, Enduro, Relay, Spring, Gravity, Fundraiser, Kids of Mud, Cup Race, Provincials, Other (please specify)
- Road Race:** Criterium, Time Trial, Road Race, Handicap race, Cup Race, Stage Race, Provincials, Other (please specify)
- Cyclo-cross:** Cup Race, Provincials, Other (please specify)
- Fat bike:** Cup Race, Provincials, Other (please specify)
- BMX:** Cup Race, Provincials, Other (please specify)

Preferred Date: (Please provide a primary date and two (2) back-up dates. Please see mbcycling.ca event calendar for event dates already approved (our goal is not to create a conflict for another organizer)

Will your event include MCA license members only or are you requesting participation of non-licensed participants?

- MCA Members Only**
- Non-Members:**
 - Estimate number of Members:** _____
 - Estimate number of Non-members:** _____

Email Completed form to:

Manitoba Cycling Association

Cycling.ed@sportmanitoba.ca