



# MANITOBA CYCLING ASSOCIATION

Club application to Participate in the Club Try-Out Program.

(Required in order for MCA to Sanction the Activity)

Club Name: \_\_\_\_\_

Please provide dates and locations the club will run try-out days and who will be the supervising coach of each session:

Date	Location	Supervising Ride Leader (s)

**Declaration of Club:**

I confirm that our club would like to participate in the MCA's *Club try-out Program*.

The Club agrees to the procedures involved in participating in this program, and will provide the requested documentation to be part of the program under the guidelines described.

President's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_