



MANITOBA CYCLING ASSOCIATION

MCA BIKE RACE/SANCTIONING 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)
- Gravel**
- Cyclo-cross:** Cup Race, Provincials, Other (please specify)
- Fat bike:** Cup Race, Provincials, Other (please specify)
- BMX:** Cup Race, Provincials, Other (please specify)
- Recreational:** Gran Fondo, Charity, Fundraiser

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