South Georgia Cycling

Participation / Reimbursement Form

PARTICIPATION INFORMATION

NAME:								
EMAIL ADDRESS:								
EVENT NAME:								
EVENT DATE(S):								
LOCATION:								
EVENT TYPE:	ROAD ☐	MTB ☐	TRI ☐	OTHER ☐				
PARTICIPATION TYPE:	RACER ☐	SUPPORT ☐	VOLUNTEER ☐					

RACE REIMBURSEMENT INFORMATION

LICENSE #:	
BIB #:	
CATEGORY / CLASS:	
OVERALL FINISH:	
ENTRY FEE (Late fee not include	**$**

COMMENTS: (Racers, Volunteers, & Support all need to give brief detail of participation.)

For Recorder's Use Only
Date Submitted:
Reimbursement Recorded: