

Wisconsin Cycling Association

Event Date _____

Event Name _____

Race Organizer _____

Junior 14 _____

Elite 3 _____

Junior 18 _____

Pro-1-2 _____

Women _____

Women 4 _____

Masters 4-5 _____

Masters 1-2-3 _____

Elite 4-5 _____

Total _____

Received check # _____ in the amount of \$ _____

Chief Referee/or WCA Representative

OR

Check will be mailed to WCA, 4458 North Larkin, Shorewood, WI 53211 within 5 days.

Race Organizer