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| **Application Form for BNL Approved Recreation FhdOTGug_400x400Event** |

**Bicycle Newfoundland and Labrador**

PO Box 13241, Station A St. John’s, NL A1B 4A5

Email: admin@bicyclenl.com

**Instructions:**

* Submit one application form per **event or series** that you wish to hold
* Please submit forms to BNL via email to admin@bicyclenl.com

**Event Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s) of Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person (Organizer):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:**

**Email:**

**Mailing address:**

**Type of event (Please select one event type):**

Member event – **All participants MUST be BNL members**

 Commercial event – not all participants are BNL members

* Additional insurance fee required (Contact BNL for amount)
* A per-participant fee to be paid following the event for non-members

**Event Type: (Tick √ to indicate all that apply):**

**Single event** \_\_\_ **Series event** \_\_\_ **Road** \_\_\_

**Trail** \_\_\_ **Fat-Bike** \_\_\_ **Cyclocross** \_\_\_

**Short-Track Series** \_\_\_

**Other event type (Specify):**

**Description of event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Describe the course for each event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If mountain bike event, have you received landowner’s permission?** Yes\_\_\_No\_\_\_ (If no, please explain). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If road event, how will you provide a safe course?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe on-site medical and emergency action plan:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*A detailed safety plan must accompany this application** (**See** **"Emergency Action Plan Form"**)\*

**Agreement:**

By signing below, I agree to the following:

* To run the above event in accordance with Bicycle Newfoundland & Labrador/Cycling Canada (BNL/CC) rules
* To provide the appropriate personnel subject to the approval of the BNL official in charge of the event or the BNL Board of Directors
* To obtain a copy of the insurance certificate from BNL and to keep a record of same
* To register participants on the day of the event indicating location and date of event and to keep this record for future reference (for BNL or for the insurance company) following the event.
* To adhere to all the terms and conditions set out on this form.

Signature of Event Organizer: Date:

BNL – Approved by: Date: