Application Form for Bicycle Newfoundland & Labrador (BNL) Sanctioned Race Event

**Submit one application form per event or series that you wish to hold.**

**Please submit forms to BNL via email to** [**admin@bicyclenl.com**](mailto:admin@bnl.nf.ca)

**General Event Information**

|  |  |
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| Event Name: |  |
| Event Location: |  |
| Date (s) of event: |  |
| Contact Person (Organizer): |  |
| - Phone: |  |
| - Email: |  |
| - Mailing Address: |  |
| **Type of Event (select one):** |  |
| - 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.* |  |
| **Tick √ to indicate all that apply:** |  |
| - Single event |  |
| - Series event |  |
| - Road |  |
| - Trail |  |
| - Other event type (Specify): |  |
| **Description of event:** |  |
| **Describe the race course for each event:** |  |
| **If mountain bike event, have you received** **landowner’s permission yet? If road event, how will you provide a safe course? Have you received approval from community?** |  |

**First Aid**

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

**If you are unsure of any of the answers below, please contact us and we will help develop a plan.**

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| Describe on-site medical and emergency action plan: |  |

**Agreement**

By signing below, I agree to the following:

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| * 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 (may be needed for insurance purposes) following the event; * To adhere to all the terms and conditions set out on this form. |

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| **Signature of Event Organizer:** |  |
| **Date:** |  |
| **Signature of BNL Approver:** |  |
| **Date:** |  |

***For further information, please email admin@bicyclenl.com.***