



## Bicycle Nova Scotia 2009 Race Sanction Application

### **Instructions:**

Fill out and submit one (1) sanction form per event or series that you wish to hold. The race sanction fee (payable to Bicycle Nova Scotia) must accompany your application. Please submit forms and fees to:

Bicycle Nova Scotia c/o Tamara Stephen 5516 Spring Garden Road, 4<sup>th</sup> Floor Halifax, N.S.  
B3J 1G6 Phone: 902-425-5454 ext 316 Fax: 902-425-5606

### **2009 Sanction Fees:**

Provincial Points Series Event: **\$150** Non Points Series Event: **\$125** Event held by an organizer not affiliated with a cycling club: **\$300**

Note: Fees are per event or series and payable to 'Bicycle Nova Scotia'.

### **Organizer Contact Information:**

Name:	
Address:	
Phone #:	
Fax #:	
e-mail:	
Cycling Club:	

**Event Information:** (please print and circle all that apply)

Event Name:		
Event Date (1 <sup>st</sup> Choice):		
Event Date (2 <sup>nd</sup> Choice):		
Event Date (3 <sup>rd</sup> Choice):		
Is this a Provincial Points Event?	Yes / No	
Are you applying for a Provincial Championship?	Yes / No	
Event Type (circle all that apply)	Road – 1 Day Road Race	Mtn Bike – Cross Country
	Road – 1 Day Criterium	Mtn Bike – Downhill
	Road – 1 Day Time Trial	Mtn Bike – Dual Slalom / 4 X
	Road – Stage Race	Mtn Bike – Stage Race
	Road / MTB Stage Race	Mtn Bike – Short Track
	If stage race, how many events? _____	If Short Track series, how many races? _____
	If stage race, list the types of events and the dates of each:	Mtn Bike – Endurance Describe the event format:
If this application is for a series of events, list all of the event dates in the series:		
Describe the race course for each event. If your event is a Road Race, list route numbers and distance along each road:		
If your event is a mountain bike race, have you received landowner permission yet?	Yes / No	

**Organizer Declaration:**

I agree to:

Obtain and follow all BNS / CCA race policies pertaining to my event;

- attend the Race Organizer’s Meeting, to be held prior to the start of the racing season (date TBD), or send a representative in my place; and
- submit a completed insurance application form (attached) at least two (2) months prior to the date of my event.

**Signature of organizer:** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Note: Applications will not be processed until the required sanction fee is received.**

Will there be temporary stages, tents, lighting (if “Yes”, we will forward a supplemental application):

YES  NO

Is Liquor served at event (if “Yes”, we will forward a Liquor application):

YES  NO

**Road Events**

Location of the place where the bikers will assemble

\_\_\_\_\_

Time of assembly \_\_\_\_\_ Start Time \_\_\_\_\_

End time \_\_\_\_\_

# Bicycle Nova Scotia Insurance Certificate Information Form

**Instructions:**

Fill out this form and return it to the following address at least two (2) months prior to the date of your event. Please submit the completed form to:

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B3J 1G6 Phone: 902-425-5454 ext 316 Fax: 902-425-5606

**Organizer and Event Information:**

Event Name:	
Organizer Name:	
Organizer Address:	
Organizer Phone #:	
Organizer Fax #: (certificate will be faxed to this #)	
Cycling Club hosting the event:	
Event date(s): (if a series or stage race, list all dates)	
Event Location:	
Estimated number of participants:	

**Affiliated individuals and organizations:**

Please complete the following list with the **names** and **addresses** of all individuals, sponsors, landowners, municipalities, organizations, etc. to be specifically mentioned on the insurance certificate.

Sample

Name	Full Mailing Address	Telephone
Bob's Bikes	13 Bike Ave., Bikeville, N.S. BIK BIK	902-902-9029

Name	Full Mailing Address	Telephone