

Team Name:

Team Contact Info.	Name	USCF License #	Phone Number
Manager: (or other)			
	Location you will staying at during the race:		
	Name	USCF License #	Phone Number
Caravan Driver:			
	Caravan Vehicle Details (Make, model, license #):		
<i>Check one:</i>	<input type="checkbox"/> Sedan <input type="checkbox"/> Minivan <input type="checkbox"/> SUV <input type="checkbox"/> Other: _____		
	Vehicle Insurance Info:		
Other Support Staff:	Name	USCF License #	Phone Number
Function/Role:			
Function/Role:			

Results: Hard Copy or Electronic Copy **Check one!!**

E-mail _____

Time Trial Start Order - # 1 is first rider off for the team, # 2 goes second, etc.
Highest number will be the last racer off. (ie # 8 is your last racer off.)

Bib #	First Name	Last Name	Time Trial Start Order
			1
			2
			3
			4
			5
			6
			7
			8