

**Organizer's Information**

Name \_\_\_\_\_ (must be the chief organizer of the event)

Name of Organization \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ E-Mail \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ Fax \_\_\_\_\_

**Event Information**

Event Name \_\_\_\_\_ Date \_\_\_\_\_

Location of the Event \_\_\_\_\_

Description of Non-Cycling Activities, if any: \_\_\_\_\_

| (/) | Type of event     | Participant Levy | (/) | Type of event | Participant Levy |
|-----|-------------------|------------------|-----|---------------|------------------|
|     | Stage Race        | \$2              |     | Enduro        | \$1              |
|     | Road Race         | \$2              |     | Cyclo-Cross   | \$1              |
|     | Criterion         | \$2              |     | Tour          | \$1              |
|     | Time Trial        | \$2              |     | other         | \$1              |
|     | Cross Country Mtb | \$2              |     |               |                  |
|     | Downhill          | \$2              |     |               |                  |

Estimated # of riders \_\_\_\_\_

**Event Site Check List**

Legal: Police, Municipal and Land Owner(s)/Manager(s) approval (copy of letters) yes no

First Aid: Emergency Action Plan (see next page) yes no

Event details:

1) Course Map included yes no

2) Registration form attached yes no

3) Event flyer attached yes no

**Application for Co-Insured**

Do you require proof of insurance for co-insured yes no It is understood and agreed that the following entities are added to the policy as Additional Insured but only with respect to the operation of the Named Insured. The certificate applies to the members and authorized personnel of the Insured while operating within the scope of their duties..

Name of the Additional Insured: \_\_\_\_\_ Interest in the event (applicable box MUST be checked)

1) \_\_\_\_\_ municipalities government sponsor Glandowner

2) \_\_\_\_\_ municipalities government sponsor Glandowner

3) \_\_\_\_\_ municipalities government sponsor Glandowner

4) \_\_\_\_\_ municipalities government sponsor Glandowner

attach list if more additional insured - interest in the event must be shown

**Emergency Action Plan**

This report should be completed by the event organizer & verified by the event official before the event. **THE EAP COORDINATOR MUST BE AVAILABLE AT A FIXED PLACE DURING THE EVENT**

EAP Coordinator \_\_\_\_\_ City \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ fax \_\_\_\_\_

Location during the event \_\_\_\_\_ How to reach during the event \_\_\_\_\_

EAP Coordinator Assistant \_\_\_\_\_ Location & duties \_\_\_\_\_

First Aid Personnel \_\_\_\_\_

Closest Hospital (& address) \_\_\_\_\_

Directions to Hospital \_\_\_\_\_

Emergency Ward Phone \_\_\_\_\_ Ambulance Phone \_\_\_\_\_ Police Phone \_\_\_\_\_

Attach map of the event course, including emergency vehicle access points, nearest telephone and route to hospital.

For the running of a sanctioned SCA activity, this form must be completed and in the SCA office no later than 45 calendar days prior to the event. 5 million 3rd party liability insurance is automatically included as part of the sanction. Please note that the SCA can withhold or withdraw a sanction at any time if the conditions of the sanction (as outlined in the handbook, National Regulations and Organizer Guide) are not met.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please keep a copy for your own records Mail to: Saskatchewan Cycling Association, 2205 Victoria Avenue, Regina, SK S4P 0S4 or fax (306) 525-4009 for more information call (306) 780-9299, E-mail [cycling@accesscomm.ca](mailto:cycling@accesscomm.ca)