

Wisconsin Cycling Association

Event Surcharge

Event Date _____

Event Name _____

Race Organizer _____

Junior 14	Elite 5
Junior 18	Elite 4
Women 4	Elite 3
Women	Pro-1-2
Masters 1-2-3	
Masters 4-5	
Masters 45+	Total Entries

Received check # _____ in the amount of \$ _____ (\$1/entrant)

Chief Referee/or WCA Representative

OR

Check will be mailed to WCA, 4458 North Larkin, Shorewood, WI 53211 within 5 days.

Race Organizer

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