

Please fill out one form for each event: (If commercial event, please see separate application)

- Registered Club Activities Club Series (ie. Tuesday night rides, practice rides)
- Other Club Activities

Name of Event: _____

Location of Event: _____

Name of Club & Province: _____

Date(s) of Event: From: _____ To: _____

of Members: _____

Description of Non-Cycling Activities, if any: _____

Will there be temporary stages, tents, lighting (if "Yes", complete supplemental application): YES NO

Is Liquor served at event (if "Yes", complete Liquor application): YES NO

Has event been held in the past: YES NO

Are road closures required for event (if "Yes", provide map of course & roads involved): YES NO

Age Category: _____

Event Discipline: _____

List of Additional Insured Required for Event:

It is understood and agreed that the following entities are added to the policy as Additional Insureds, but only with respect to the operation of the Named Insured above. The certificate applies to the members and authorized personnel of the Insured while operating within the scope of their duties.

Name: _____

Full Address: _____

Please indicate the Additional Insured's interest, responsibilities and duties in event. _____

(Attach list if more Additional Insureds are required)

- Note: - Insurance Company Waivers must be signed for event.
 - Membership Application must be signed and dated.
 - Membership list must be kept up to date.