



Please return this form with payment to:

Coupe des Amériques Inc.
11 C, Principale Sud
Sutton, Québec, Canada J0E 2K0
FAX : 450 538-0897 (April to mid-August)
Tél. : 450 538-5808 (Voice mail- April to mid-August)

Event License
(Canadian and American racers only)

The race is sanctioned by the Quebec Cycling Federation which requires that racers have a valid MASTERS racing license. Please complete this form and return by fax. Cost of the license is \$20, payable at the registration desk.

See criteria for eligibility :
www.coupedesameriques.com/site2008/faq.html

July 4 to 6, 2008

Please type or print legibly IN UPPER CASE LETTERS and complete all fields. Gender : Male Female

First name		Last name	
Address : number	Street	Apartment	
City	Province/ State	Country	Postal code / Zip
Téléphone	Fax	E-mail	
Age	Date of Birth (DD-MM-YYYY)		
Nationality	Cycling Club		

I, the undersigned, recognize that participating in a race comprises inherent risks and dangers that may lead to accidents resulting in damages and injuries. I declare that I am familiar with the extent of these risks and dangers and that I accept them freely and voluntarily. I declare that I am familiar with the safety regulations of the Fédération québécoise des sports cyclistes and participation rules of the Coupe des Amériques and that I will abide by them.

Signature _____ Date _____

For office use only

Course Registrar

Date received _____

Amount _____

Payment method: cheque or cash

Name _____

Location _____

