



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/site2009/faq.html

June 26 to 28, 2009

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

First name		Last name	
Address : number		Street	Apartement
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 _____



Fédération québécoise des sports cyclistes, 4545, avenue Pierre-de Coubertin, Montréal (Québec) Canada H1V 3R2
Téléphone : 514-252-3071 / Télécopieur : 514-252-3165 / Courriel : reception@fqsc.net / Site web : www.fqsc.net