



**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/site2010/faq.html](http://www.coupedesameriques.com/site2010/faq.html)

**July 2, 3 and 4, 2010**

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](mailto:reception@fqsc.net) / Site web : [www.fqsc.net](http://www.fqsc.net)