

FPS EVENT APPLICATION



Please submit this Event Application and its corresponding FPS Fee 30 days prior to the date of your event. If you would like to request State Championship and/or Florida CUP designation, please submit along with this application an essay describing your event and the reasons that it qualifies for the requested designation.

Date(s) of Event: _____

Event Location: _____

Event Name: _____

Promoter: _____

Promoter's Mailing Address: _____

City, State Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Represented Team/Club: _____

Event Format: (Check all that applies): Road Race _____ Criterium Race _____ Time Trial Race _____

Omnium _____ (# of races _____) Stage Race _____ (# of races _____)

FPS Event FEE: \$ _____ Please add \$250 per race plus \$125 for every race after 2 races. There will be a \$100 late fee if the fees are not received within 30 days after the event.

Mail application and fee to: FRCA, c/o Keith Creeden, 2485 Jenniifer Hope Blvd., Longwood, Florida 32779.

This application is ONLY for FPS. The Promoter is responsible for all other USA Cycling's or other third party's requirements, permits, fees, insurance, etc.

Promoter certifies to have read, understood, and agreed to all the Promoters rules, requirements, guidelines, and standards established by the FRCA - Florida Road Cycling Association as published on the "FRCA Rulebook" document, which is available online or by asking any FRCA Director for a copy via mail or email.

Promoter, and its represented Company, Organization, Individual, Team, Club, and Affiliate agrees to defend, indemnify and hold harmless the Florida Road Cycling Association (FRCA), its directors, its sponsors, and all related parties, for any and all claims for damages, however asserted, including purely economic loss, arising out of or in connection with any activity associated with the FRCA, and shall pay to the FRCA its costs and expenses incurred to answer and/or defend such suit, cause of action, claim or counterclaim including, but not limited to, reasonable attorney's fees, court costs, witness fees and other related expenses.

For Promoter: Authorized Signature: _____ Date: _____

FRCA - Office Use

FPS Designation: APPROVED _____ DECLINED _____

State Championship Designation: APPROVED _____ DECLINED _____

Florida CUP Designation: APPROVED _____ DECLINED _____

Comments/Notes: _____

APPROVED/DECLINED By: _____ Date _____