

Single Event License Application

Complete the following information												
Name				Today's Da	ate	Fee:	□ \$5					
Address				,		Interests:	_					
City			State	Zip		□Road	☐Trac	ck				
						☐ Cyclocross	□Tim	e Trial				
Occupation			Email			□Tandem	☐ Mou	ıntain Bike				
Phone – Work	Home			Fax		□Triathlon	□ Volu	ınteer				
USCF License	Club			Date of Bir	th	☐ Race Promotion						
Check all that apply												
Road Category			□ III	□IV	□∨	□ Junior □] Senior	☐ Master				
Mountain Bike Category	□Pro	☐ Semi Pro	☐ Expert	☐ Sport	Beginner	□ Men □	1 Women					
JOIN THE OREGON BICYCLE RACING ASSOCIATION AND HELP SUPPORT THE SPORT OF BICYCLE RACING IN OREGON. OBRA HELPS YOU BY PROVIDING SUPPORT TO BICYCLE RACE PROMOTERS AS WELL AS RACERS.												



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Address			_			Interests:					
	_		1			☐ Road	☐ Track				
City			State	Zip							
						☐ Cyclocross	☐ Time Trial				
Occupation			Email								
						□Tandem	☐ Mountain Bike				
Phone – Work	Home		•	Fax							
						☐ Triathlon	□ Volunteer				
USCF License	Club			Date of Birth		☐ Race Promotion					
						Race Fromotion					
Check all that apply											
Road Category				□IV	□∨	☐ Junior ☐	Senior				
Mountain Bike Category	☐ Pro	☐ Semi Pro	☐ Expert	☐ Sport	☐ Beginner	□ Men □	Women				
Mountain Bike Category	□ P10	iii Seilli Pro	□ Expert	ш эрогс	□ begiiiner	LIMEII L	Wolliell				
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