



Jamaica Cycling Federation
 14C Benson Avenue
 Kingston 8
 Jamaica W.I.
 www.jamaicacycling.com
 info@jamaicacycling.com

LICENCE APPLICATION FORM 2010

NAME OF CLUB: _____ (PLEASE PRINT ALL)

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ DATE OF BIRTH: _____

PARISH: _____ PHONE(H): _____ PHONE(W): _____

MOBILE: _____ EMAIL: _____

GENDER: M / F (CIRCLE) APPLICATION FEE (1500) PASSPORT PHOTO

In signing this form I confirm that I have read and understood the conditions of membership of the Jamaica Cycling Federation; including drug testing as set out by document attached and insurance coverage.

Signature: _____ Date: ____ / ____ / ____.

To be signed by Guardian if under 18 years of age: Print name: _____

Signature: _____ Relationship to member: _____

This form, duly completed by the above mentioned applicant and club, shall be proof that such person has paid membership fees for the ensuing year. Such form must be produced when the above wishes to compete in all cycling events under the auspices of the Jamaican Cycling Federation (including club events). I certify that the applicant has produced proof of date of birth, copy attached (new members only) **This form does not replace a licence and is only interim proof of membership. It is only valid in original form, signed and stamped (club stamp) by the issuing club. The period of validity is for one calendar month from the date signed by the club official below.**

I acknowledge that I have received all membership fees for the above applicant. Signed

by the Club (appointed official).....

Name of official.....Position held.....

Date.....

OFFICIAL USE ONLY

NATIONAL CATEGORY:..... UCI CATEGORY:.....

UCI CODE: JAM _ _ _ _ _ REGISTRATION: _ _ _ _ _