

# NSAA Event/ Race Application

Return via fax to **258-7609** or via email attachment to **nsaa@alaska.net**

Organization Hosting Event: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

Event Location: \_\_\_\_\_ Start Time: \_\_\_\_\_ Est. End Time: \_\_\_\_\_

## Contact Information:

Job Title	Name	Day Phone	Cell Phone	Evening Phone	Best time to call	Email
Event Group Appointee						
Chief of Competition						
Chief of Course						
Race Course Designer						
Results Contact						
Registration Contact						
Volunteer Coordinator						

## Event Details (Check all that apply)

Total Length (km) _____	<input type="checkbox"/> Freestyle
Number of Laps _____	<input type="checkbox"/> Classic
<input type="checkbox"/> Individual Start	<input type="checkbox"/> Dual Discipline
<input type="checkbox"/> Mass Start	<input type="checkbox"/> Relay How many legs? _____
Start lanes needed _____	

## Event Participants

Total participants anticipated _____
General age range of participants _____
Competency Level
<input type="checkbox"/> Beginners (est. number or %) _____
<input type="checkbox"/> Intermediate (est. number or %) _____
<input type="checkbox"/> Advanced (est. number or %) _____
<input type="checkbox"/> Expert (est. number or %) _____

## Desired Terrain

<u>Terrain:</u> What would you like?
<input type="checkbox"/> Mostly flat, gentle, easy turns, easy climbs
_____ % Flat      _____ % Rolling
_____ % Uphill      _____ % Downhill
<u>Climbs:</u> _____ How many climbs?
<input type="checkbox"/> Moderate climbs <input type="checkbox"/> Harder climbs
<input type="checkbox"/> Extensive brutal climbs: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C's
<u>Downhills:</u> _____ How many?
<input type="checkbox"/> Easy <input type="checkbox"/> Intermediate
<input type="checkbox"/> Advanced <input type="checkbox"/> Expert

## Race Maps (Please check one)

<input type="checkbox"/> Race maps attached <input type="checkbox"/> Stadium attached
<input type="checkbox"/> Please design an event course for me
<input type="checkbox"/> Please design a stadium layout for me

Submitted by: \_\_\_\_\_  
Date: \_\_\_\_\_

Attach additional notes as needed.