

Chico Cycling Team Race Reimbursement Request Must be

postmarked or received by October 01, 2018 to be eligible for reimbursement. Mail to: Chico Masters, P.O. Box 1485, Chico, CA 95927, scan and email to dtbrookes@gmail.com or give to any Board Member.

lame:	Member T	Member Type (Circle): Booster Standard Extensive Email: Date:				
Aailing Address:	Email:					
hone:	Date:					
eimbursement Requi				1		
	Booster Member		Standard Racer		Extensive Racer	
Volunteer	100 hrs to Chico Masters,		10 hrs to any non-profit		20 hrs plus assist in identifying	
Requirement	pre-approved by board				\$1000 new sponsor funding	
Racing Requirement	Waived/optional		After 10 races, larger of \$35 or 50% of race fee		Standard after 10 races, \$5 bonus per race after 20 races	
aces (Use second page	for more than 10 races!)					
Race Date	Event/Race	Category	ategory Result		Entry Fee	
	aution of volume boundary					
	oution of reimburseme		tal Possus Netu	vork		
_% Self _% Chico Masters			tal Rescue Netw Ielter Butte Cou		lina	
_/o Cilico iviasters		/0101163 31	ieitei butte cou	inty Junior Cyc	g	
lease note it is your resp	onsibility to determine wh	ether your don	ation is an eligik	ole deductible f	for tax purposes.	
ignature:				Date:		

Race Reimbursements continued

Race Date	Event/Race	Category	Result	Entry Fee