

**Request For MBNA's Involvement in Nordic Ski Race**

 The **purpose of this form** is to provide information to the MBNA's board of directors and groomer about ski races for which the organizer is requesting some form of involvement by the Association. This includes MBNA's races (e.g., Pole Mountain Shuffle) and other organizations' races (e.g., Laramie High School races). Based on this information, the Association's directors will decide whether MBNA will be involved in the race.

 Please note that MBNA will only be involved in races in which **participants travel on skis under their own power**. We will not be involved in races that include cycling, snowshoeing, or skjoring on the groomed trails.

 We strongly suggest that you submit your completed form to MBNA's coordinator **by the first day of the month before the race**, so that the directors have time to discuss it at a board meeting and decide whether the Association will be involved. The board meets every month from October through April.

Except in unusual cases, a person or organization proposing a race should have their own USFS permit and hold the race on that permit.  If the organizer wants to hold the race on MBNA’s permit, please contact MBNA right away.

 Finally, a note **about race courses**: Be considerate of recreational skiers who are not participating in your race by keeping your course off of the Campground Loop, except for the far end of it between Alder Trail and Meadow Trail. Campground Loop is our most heavily-used trail and there is no way for skiers leaving the trailhead to avoid it. We enthusiastically support races at Tie City that recognize the interests of weekend skiers who are not racing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.** Race Organizer(person to whom questions about the race should be directed):

Name:

Phone Number:

E-mail address:

**2.** Individual or organization sponsoring this race:

**3.** Name of race:

**4.** Date and time of race:

**5.** How many people do you estimate will be involved in the race (participants and others)?

**6.** What distances and techniques will be included in the race? (E.g., 5-km freestyle, 10-km classic)

**MBNA'S INVOLVEMENT**

**7.** What do you request from MBNA?

**a.** List MBNA as a sponsor of the race: Yes\_\_\_\_\_ No\_\_\_\_\_

**b.** Hold the race on MBNA's USFS permit: Yes \_\_\_\_\_ No\_\_\_\_\_

**c.** If "No" to *b,* on whose USFS permit will this race be held?

**8.** What are you asking MBNA to provide**?**

**NOTE:** If you want any item *a* through *h* below, inform MBNA's head groomer **no later than 2 weeks** before the date of the race.

**a.** Special race-course grooming (i.e., grooming other than we'd do in the absence of the race)? Yes\_\_\_\_\_ No\_\_\_\_\_

**b.** Course marking? Yes\_\_\_\_\_ No\_\_\_\_\_

**c.** Equipment, such as vee-board course markers or volunteer shirts? Yes\_\_\_\_\_ No\_\_\_\_

 If "Yes", list the equipment that you wish to use:

**d.** Transportation for injured skiers? Yes \_\_\_\_\_ No\_\_\_\_\_

**e.** Transportation of people and/or equipment to the start area? Yes\_\_\_\_\_ No\_\_\_\_\_.

**f.** Assistance with cleanup of course after race? Yes\_\_\_\_\_ No\_\_\_\_\_.

**g.** Timing shed? Yes\_\_\_\_ No\_\_\_\_\_.

**h.** Other? Yes\_\_\_\_\_ No\_\_\_\_\_. Explain:

**ENTRY FEES AND PROCEEDS**

**10.** Will racers have to pay a fee or make a contribution to be eligible to race?

Yes\_\_\_\_\_ No\_\_\_\_\_

**11.** What is the amount of that fee or contribution**?** $\_\_\_\_\_\_\_\_

**12.** Which organizations will receive proceeds from this race?Indicate the percentage that each will receive.

**ELIGIBILITY TO RACE**

**13.** Who will be eligible to ski in this race? E.g., middle school skiers? High school skiers? Anyone? (Note that the MBNA will assist only with races in which participants ski under their own power. See introductory text at the top of this form.)

**RACE ORGANIZER'S RESPONSIBILITIES**

**14.** The race organizer must arrange for qualified first-aid support during the race. Our groomers are not certified to provide first aid to injured skiers.

Explain what first-aid support you have in place for this race:

**15.** MBNA is unable to provide insurance to cover race activities. Please describe what insurance coverage you have in place for this race:

**16.** Post an announcement of the race, with the date and times and a course map, inside and outside of the Warming Hut no later than **2 weekends** before the race.

**17.** Assign volunteers and post signs to direct walkers off the groomed trails and onto the route the head groomer shows you.

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**APPROVAL**

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MBNA representative Date