

Request for Race Reimbursement (refer to Reimbursement Policy for details)

Name:				Phone #:			
Mailing Address:				Emai	1:		
	Event Name	Category	Result	Amount	Club Eve	nt Worked	Tier
1.	B. Carlotte	- Curegory	1100011	1 11110 01110	Ciwo Eve		1101
2.							
3.							1
4.							
5.							
6.							
7.							
8.							2
9.							
10.							
11.							
12.							
13. 14.							2
15.							3
Clothing Allowa	ance						
Travel Stipend (
Official's License Fee					N/A		
Official 3 Licens		atal Daimhurgar	mant Dagwagt:		11	/A	
Total Reimbursement Reques					D : 1		
Requirements: Current year club jersey worn during all events Actually participated in event and tried to complete it Active club member with dues paid Reno Wheelmen listed as Club/Team on race entry form				Reimbursement amounts: \$30 Each Road, MTB, Cyclocross, or Touring Ev		ina Erran	
				\$100 Clothing Allowance			
				\$35 Official's License Fee			
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For each tier of reimbursement, member must work 1 club event. Qualified events are:					Mail this form to:	The Reno Wheelmen	
[] Peavine MTB Race [] District TT						Attn: Treasurer/Jenny	Frayer
[] Hill Climb TT Race (6-Mile, Geiger, or Mt. Rose) [] Sagebrush CX Races:						PO Box 12832	
[] Two Twiligh	t Races (Road or MTB)	Number of	races worked_			Reno, NV 89510-2832 clothing@renowheelm	

^{*}Serving as a Race Director or on the club Board of Directors qualifies a member for Tier 2 Reimbursement.