



AMBCS Category Change Request 2018 Racing Season

www.AMBCS.com or e-mail vsc@mynewroads.com



<i>AMBCS Rider Data</i>		
Last Name:		
First Name:		
Street Address:		
City:	State:	Zip:
Email:		
Gender: Male Female	Date of birth	
AMBCS Hard Plate #	USAC Mt Bike License number #	
What are you requesting? (circle one)	Up grade	Down grade

Class you are presently racing in		Class you are requesting move to			
CAT (circle one)	1 2 3 Pro	CAT (circle one)	1	2	3 Pro
Age Group <small>(Example: 19-29)</small>		Age Group <small>(Example: 19-29)</small>			

Please state your reasons for requesting the move:

Riders Signature:	Date:
Parents signature if under 18:	Date:
Office use only	Date Received:
AMBCS Plate # Issued:	AMBCS Cat Change form rev: 3/29/18