2019 Cascade Cycling Classic

May 29-June 2, 2019

HOST HOUSING REQUEST FORM

Host Housing is only available for Pro Racers

		Team	Information			
Team Name:				Date:		
Based in:						
City				State	ZIP Code	
Director:				Cell:		
Alt Phone:			Email			
Arrival Date:	Dej	parture Date:				
Please be as speci	fic as possible v	with dates. Host ho	using will not b	e made available b	pefore Monday, May 27 th	
or after June 2 ^{ind} u	nless approved					
		Hous	ing Needs			
Please specify if th	nere are couples	as it will change t	the number of b	eds.		
Male:	-	_			Joueina:	
Male	emaie			r Kiders Needing I		
		A	llergies			
Riders with Pet All		NO ☐ If Yes, how	w many:			
What types?						
3.						
		Disclaime	r and Signatu	œ		
By signing below,	, I acknowledge	and accept of the	e terms and cor	nditions outlined	below.	
DO NOT BRING P	ETS. DO NOT E	BRING EXTRA PE	OPLE UNLESS	APPROVED BY H	OST COORDINATOR.	
I understand that kindness. I will be					utmost respect and any way I can.	
I also understand allowed to apply t			experience witl	n hosting my tean	n, my team will not be	
l also understand community event					h is an important e sport of bike racing.	
Signature:				Date	s·	