

UMCA Year-Rounder Challenge



Rider's Name _____ UMCA Number _____
 Street Address _____ E-mail _____
 City, State _____ Country _____

Event Name or Description _____

Date _____ Distance you rode (at least 90 miles) _____

Division (check)

- | | | |
|--|---|---|
| <input type="checkbox"/> Organized Century
(90-149 miles) | <input type="checkbox"/> Personal Century
(90-149 miles) | <input type="checkbox"/> Indoor Personal Century
(6 hours) |
| <input type="checkbox"/> Organized Long Ride
(150 miles or more) | <input type="checkbox"/> Personal Long Ride
(150 miles or more) | <input type="checkbox"/> Indoor Organized Century
(6 hours) |

Organized Ride Verification	Official's Name _____ Signature _____ Date _____
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Personal Ride Verification	Start Location _____ Time _____ Finish Location _____ Time _____
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Location Store, Road _____ Town, State _____

Time _____ AM PM Miles Thus Far _____ Receipt Attached (or)

Witness Name _____ Witness E-mail _____

Location Store, Road _____ Town, State _____

Time _____ AM PM Miles Thus Far _____ Receipt Attached (or)

Witness Name _____ Witness E-mail _____

Location Store, Road _____ Town, State _____

Time _____ AM PM Miles Thus Far _____ Receipt Attached (or)

Witness Name _____ Witness E-mail _____

Location Store, Road _____ Town, State _____

Time _____ AM PM Miles Thus Far _____ Receipt Attached (or)

Witness Name _____ Witness E-mail _____

Continued on next page

Submission: Within 14 days after the event

Send paper submissions to the person below, based on your last name:

- | | | |
|-----|---------------|---|
| A-C | Kerin Huber | 1151 N. Vinedo Ave., Pasadena, CA 91107 |
| D-G | Steven Barnes | PO Box 231, Rimforest, CA 92378 |
| H-O | William Beck | 17719 Foxmoor Drive, Woodbine, MD 21797 |
| P-Z | Bob Barday | 1932 Sage Drive, Golden, CO 80401 |

Send e-mail and webform submissions to y-rsubmissions@ultracycling.com

Personal Ride Continuation

Rider's Name _____ UMCA Number _____
Street Address _____ E-mail _____
City, State _____ Country _____
Event Name or Description _____
Date _____

Location
Store, Road _____ Town, State _____

Time _____ AM PM Miles Thus Far _____ Receipt Attached (or)

Witness Name _____ Witness E-mail _____

Location
Store, Road _____ Town, State _____

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