



QUEENSLAND CYCLIST ASSOCIATION INC.
 Chandler Velodrome, Sleeman Sports Complex
 PO BOX 4115
 GUMDALE QLD 4154

P (07) 3390 1477
 F (07) 3390 2852
 E gld.info@cyclinq.org.au
 W www.qld.cycling.org.au

GRADING APPLICATION FORM (formally 'Query' Form)

1 RIDER DETAILS

NAME _____ LICENCE CATEGORY _____ LIC # _____ DOB _____
 CLUB _____ ADDRESS _____
 PHONE _____ EMAIL _____
 I am applying for a (please tick) Open Road Grading Open Track Grading

2 REQUESTED CHANGE (if no current Open Grading please write "NONE")

CURRENT GRADING _____ REQUESTED GRADING _____ *REQUESTED MASTERS GRADING _____ (*Dual Licence Holder Only)
 Have you ever had a Queensland Open Grading for this discipline? YES NO
 Do you currently have a grading in another State/Country? YES NO Where _____ Grade _____

3 UPCOMING QUEENSLAND OPEN EVENT(S) WISHING TO ENTER

EVENT	DATE(S)	RACE/GRADE

4 RESULTS Please provide details of your last 3 performances and results from previous races
 Please note this includes performances in Club, Interclub, Restricted Open, Open and other cycling disciplines.

EVENT	DATE	VENUE	DISTANCE	GRADE/H'CAP	PLACING	NOTES

Time-Trial Best Times (Track Only): Flying 200m _____ 500m _____ 1000m _____ Other _____

5 ABILITY To assist the handicapper in giving your grading please summarise your overall cycling experience.

6 MEMBER DECLARATION

I hereby declare that the information provided above is true and accurate.

MEMBER SIGNATURE..... DATE ____ / ____ / ____

7 CLUB DECLARATION (To be completed by Club Executive/Club Coach or Club Handicapper)

Please list any riders below from your club whom you believe are similar to the applicant's ability.

*	*	*	*
---	---	---	---

I hereby agree that the above information is correct to the best of my knowledge and confirm that the requested grading is suitable based on my relevant experience as a club official/coach/handicapper.

CLUB REPRESENTATIVE POSITION Club Coach / Handicapper / Executive

SIGNATURE DATE ____ / ____ / ____

Office Use Only

Date Received Application _____ Approved / Not Approved _____ Member Notified Date _____
 Date Sent to Handicapper _____ Date Outcome Received _____ Notes _____