



AMBCS Category Change Request 2011 Racing Season

www.AMBCS.com or call 870 246 6686



AMBCS Rider Data		
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 (Example: 19-29)		Age Group (Example: 19-29)			

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 2010 Cat Change form rev: 1/11/10