



Email: gld.events@auscycling.org.au
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GRADING APPLICATION

RIDER DETAILS

Name: _____ Licence Category: _____ Licence #: _____ DOB: _____
Club: _____ Address: _____
Phone: _____ Email: _____

REQUESTED CHANGE (if no current Open Grade please write "none")

Current Grade: _____ Requested Grade: _____ Requested Masters Grade (35+ years) _____

RESULTS (if applicable)

Event	Date	Venue	Distance	Grade/H'cap	Placing	Notes

ABILITY (to assist the State Grading Committee in giving your grade, please summarise your overall cycling experience.)

MEMBER DECLARATION

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

Member Signature: _____ Date: _____

Club Coach: _____ Date: _____

LET'S RIDE TOGETHER