



The LDR committee of USATF Long Island must plan a safe and effective Grand Prix schedule for all participating athletes. Please take into consideration when completing the following application that the LDR committee reviews applications and votes to include races based on the following criteria:

- Sponsoring USATF-LI Club/Organization
- Safety of Competitors, Officials, & Volunteers
- Race sanctioning & course certification
- Computerized scoring system (**Results need to be rounded up to the next highest whole number**)  
Races results need to be e-mailed in Excel export format to: **Joe Meyer**, records@longisland.usatf.org
- 5 year age groups, through 90+
- Race location, distance, and date
- Athlete participation in previous years
- Amenities to the Athletes

**Race Background/Contact Info:**

Name of Race: \_\_\_\_\_ Distance: \_\_\_\_\_

\*Note that the Grand Prix's rules require athletes to compete in several distances throughout the year in order to be eligible for awards.

Date of Race: \_\_\_\_\_ Start Time: \_\_\_\_\_

Name of Race Director: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Sponsoring USATF-LI Club/Organization: \_\_\_\_\_

Sponsoring Non-USATF-LI Club/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Designated Charity: \_\_\_\_\_

**Race Information:**

Number of Finishers in last year's event: Run \_\_\_\_\_

USATF Certified Course: [ ] YES [ ] NO

If yes, Certification # \_\_\_\_\_ Date certified \_\_\_\_\_

Five-Year Age Groups: [ ] YES [ ] NO Oldest Age Group: \_\_\_\_

e-mail applications to: [president@longisland.usatf.org](mailto:president@longisland.usatf.org)



**USATF-LI Road Grand Prix**  
**Attn. Alex J Cuozzo LDR Chair**  
**1988 Bergen Street Bellmore, NY 11710**





Road Grand Prix Series Race Director's Application

**Athlete Safety:**  
 Traffic Controlled Course?  YES  NO  
 If yes, who is overseeing traffic control? \_\_\_\_\_  
 Water/Aid Stations Before, During, and after Race?  YES  NO How Many? \_\_\_\_\_  
 Medical Personnel on Site?  YES  NO  
 If yes, what organization? \_\_\_\_\_

**Amenities to Athletes:**  
 Restrooms/PORTO-Johns: (number) \_\_\_\_\_  
 Shirts? Prize Money? Please give some details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Other important features of your event: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please include USATF-LI in the entry waiver liability. Also, USATF has adopted a new mandate requiring the entry blank have a space where disabled persons can have the opportunity to write in a request for a reasonable accommodation for their disability. Such requests must be directed to:

**USATF Headquarters  
 ADA Accommodations  
 130 East Washington Street, Suite 800  
 Indianapolis, Indiana 46204**

All requests must be received at least 4-6 weeks prior to the event.

**\*Please include the \$250.00 member or \$500.00 non-member Grand Prix Administrative fee with this application. Make checks payable to: **USATF-Long Island****

X \_\_\_\_\_  
**Race Director's Signature** **Date**

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