




2011  DR. FEELGOOD
Ronde van Burns
SUMMER CRITERIUM SERIES
 Wednesdays: June 1, 8, 15, 22, & 29

Central Arkansas Velo is proud to present the 9th Annual running of this central Arkansas summer tradition. Newcomers to road racing are strongly encouraged to participate.

Course Description: A flat, closed, 0.8 mile course with 4 turns located in the Burns Park Soccer Complex, North Little Rock, Arkansas.

Directions: From I-40, take the Burns Park exit (#150) and go south, following the signs for the golf course. Do NOT go right on Arlene Laman Drive. Rather, continue straight past the golf course until you reach the stop sign at the end. Go right. Proceed roughly 1 mile until you see the barriers for the race. Go right into the parking lot for Soccer Field #9 for parking & registration.

Registration: Begins at 4:30 pm. and is raceday only. Entry fee is \$10 for each race. Non-licensed USAC riders (cat 5 only) must purchase a \$10 one-day USAC license.

General Rules: All 2011 USA Cycling rules are in effect. Valid and current USAC license must be presented at registration. Promoter reserves the right to adjust start times, cancel/combine events and modify prize lists as necessary. Events will be held rain or shine. Helmets must be worn on the bike at all times. All numbers supplied by the promoter must be used. No folding or cutting of numbers is allowed. See example at registration for specific placement. Junior riders must use gearing as per USA Cycling regulations. A wheel pit will be in place (wheels in - wheels out).

Payout: Top 3 finishers in the "A" and "B" races only, with the exception of no payout to cat 5 riders in the "B" race. The payouts are as follows: 1st - \$35, 2nd - \$25 and 3rd - \$15. Primes will announced and presented at each event and are available to any competing rider.

RACE	CATEGORY	START	DURATION
C	Cat 5 Men and Cat 4 Women	5:00 PM	20 minutes + 3 laps
B	Cat 4 & 5	5:40 PM	40 minutes + 3 laps
A	Cat 1,2, 3 & 4	6:45 PM	60 minutes + 3 laps



Official Entry Form:

First Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone#: (_____) _____ - _____ Email: _____
 Emergency Contact Person: _____ Phone#: (_____) _____ - _____
 USCF License #: _____ USCF Road Category: _____ Sex: _____ Racing Age: _____ (as of 12/31/11)
 USCF Club or Racing Team: _____

Please check the category you will race in...

Cat 1,2,3 Women Cat 4
 Cat 4
 Men Cat 5

Held Under USAC Permit# 2011-1509

If paying by check, please make payable to: CARVE
 For additional information contact:
 Sidney DeGarmo
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 Phone: 501-454-4625

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