

776 Lynn Drive  
Lexington, KY 40504

COMMONWEALTH EYE SURGERY/  
PEDAL POWER

## COMMONWEALTH EYE SURGERY

Paragon Center- Lexington, KY  
Call for a free Lasik evaluation  
1-800-248-2307 / 859-224-2655  
www.commonwealtheyes.com

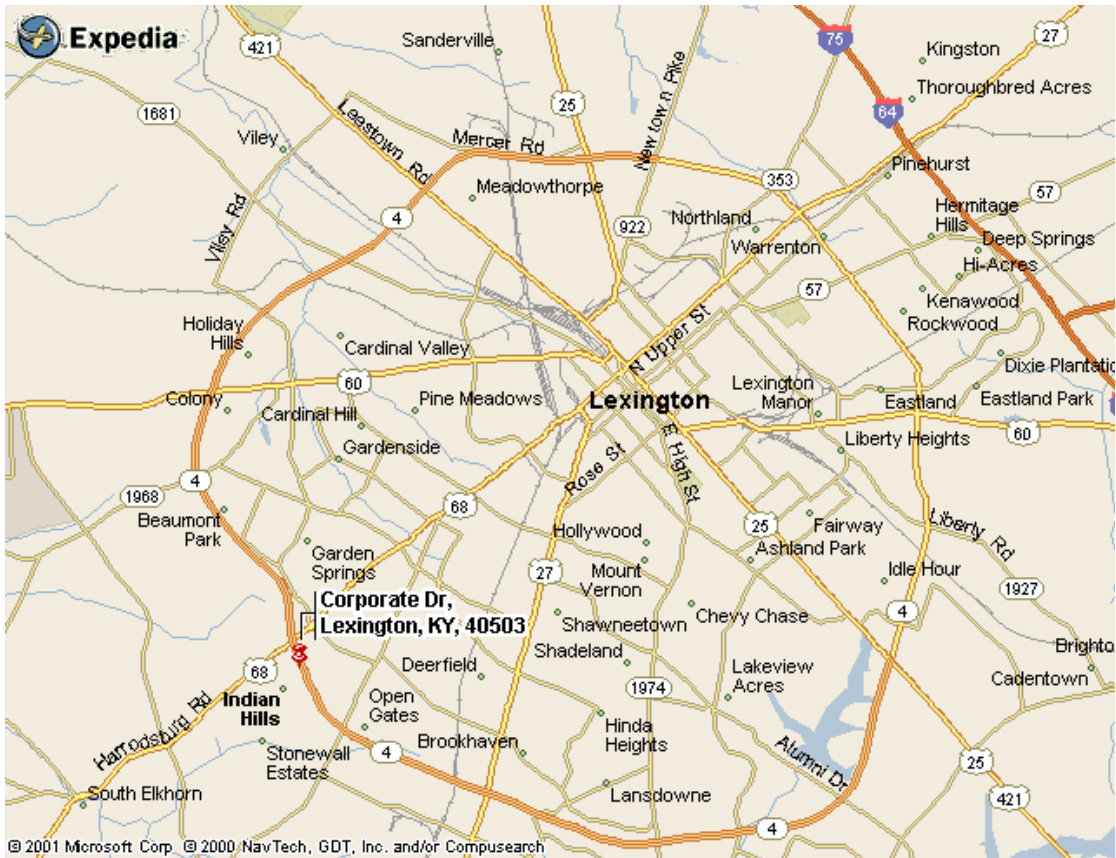


## PEDAL POWER BICYCLES

LEXINGTON'S Dealer of CANNONDALE, GT, HARO, and GIANT  
401 South Upper St. - Lexington 859-255-6408  
www.pedalpowerbikes.com



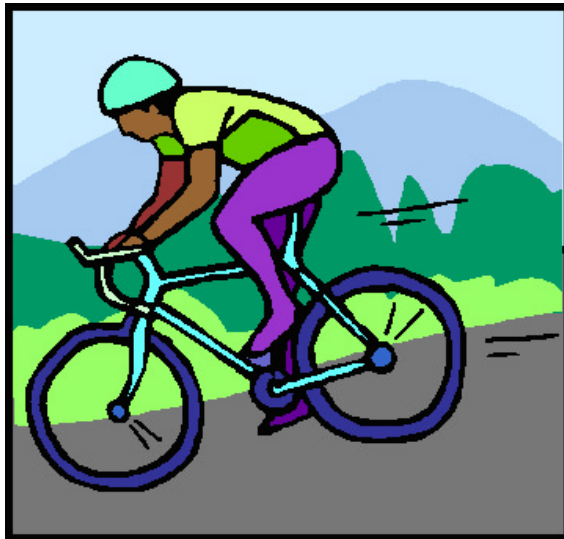
**DIRECTIONS:** From New Circle Road (Hwy 4) take the Harrodsburg Road exit (Hwy 68). When you exit the ramp, turn south onto Harrodsburg Road (there will be signs). The Corporate Center will be on your left.



UK  
CYCLING TEAM

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# COMMONWEALTH EYE SURGERY/ PEDAL POWER CRITERIUM



**\$1500**  
**Cash and Prizes**

**Saturday, September 15th**  
**Lexington, KY**

Web Site  
**JOE BOLOGNA'S CYCLING TEAM**  
www.promotioncycling.com/joebcycling  
USCF PERMIT PENDING

# COMMONWEALTH EYE SURGERY/ PEDAL POWER CRITERIUM

**Registration:** located inside the Corporate Center loop. Registration opens at 7:30am and closes 30min. prior to race.

	Start	Time	Purse
Cat. 5/Citizens	9:00am	45min	Prizes*/5
Women	9:55am	45min	\$275 / 5
Cat. 3/4	10:50am	1hr	\$590/10
Cat. 1/2/3	12:05am	1:15min	\$715 /10

\* Winner receives -Shimano R535 "Reverse Spoke" wheelset

- Each race will have a minimum of 2 primes.
- The course is a 1km flat loop, shaped like a "D," with 2 tight turns and a 300m straightaway.

Link to [www.truesport.com](http://www.truesport.com) or

**JOE BOLOGNA'S CYCLING TEAM**  
www.promotioncycling.com/joebcycling

## REGISTRATION:

All riders must have a current USCF license and complete the "Standard Athlete Release Form." Citizens must purchase a 1-day license. Minors must have a parent or legal guardian to sign registration form.

Cat. 5/ Citizens	\$20	_____
Women	\$20	_____
Cat. 1/2/3	\$20	_____
Cat. 3/4	\$20	_____

\* There will be a late fee of \$5 assessed on the day of registration.

\* Entries must be post-marked by Sept. 11th.

Club / Team \_\_\_\_\_  
Racing Age \_\_\_\_\_ USCF Lic.# \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_

Make checks payable to:

**Joe Bologna's Cycling Team**

Mail to:  
COMMONWEALTH CRITERIUM  
776 LYNN DRIVE  
LEXINGTON, KY 40504

For information call:  
Jim Beers at 859-313-5394