**VETERANS TIME TRIALS ASSOCIATION**

# Road Time Trial Age Record Claim

## PLEASE USE BLOCK LETTERS (Duplicate form for a Tandem and identify Pilot/Stoker for clarity)

Forename……………………………………………… Surname………………………………………………

VTTA Group…………………………………………… Club…………………………………………………….

Gender (Men/Women/Mixed) ……………………….. Age in Years (on day of event)……………………..

Machine Type - Bicycle/Tricycle/Tandem Bicycle/Tandem Tricycle (delete as applicable)

*Category – Road Time Trial*

Distance/Time ……………………………………….. My Actual Time/Distance

CTT Course Code…………………….. ……………. Name of Event

Date Achieved ..

My Address

Post Code Email Address

Telephone Mobile

Date of Claim Signature of Claimant

Entries Close 31st October. Please UNDERLINE or HIGHLIGHT your name on the Result Sheet.

Attach the CTT Event Result Sheet and send with this form to your Group Recorder – their details are on the relevant Group page of the website or in the VTTA annual handbook. The Group Recorder will then enter it onto the website Age Records system. It will then be ratified in due course by the National Secretary. Group recorders – please forward the form to: By e-mail: geoffreyperry@aol.com or post to Geoff Perry, 5 The Meadway, Loughton, Milton Keynes MK5 8AN; telephone 07808 905878.

## FOR OFFICIAL VTTA USE ONLY

**Remarks (Group Recorder)**

Date received: Received by post / email / hand Group ratification date:

Comments:

Signature

**Remarks (National Recorder)**

Date Ratified: Certificate produced date: Issued to rider:

Or rejected on: Reason:

Comments:

Signature