



# **UNDER CYCLING TIME TRIALS REGULATIONS.**

(National Championships are also under CHAMPIONSHIP CONDITIONS)  
See Handbook for notifications of improvements. The Promoting Club reserves the right to refuse any entry (Subject to BBAR Condition No. 4)

Please enter me for the

**Beacon Little Mountain TT**

event to be held for and on behalf of Cycling Time Trials on (date) **24/04/11**

I enclose entry fee of £ **10.00 payable to Ruth Eyles** (includes CTT Levy).

**If entering a Hill Climb please also complete section B. overleaf.**

**If entering a Team Time Trial please also complete section C. overleaf.**

**RIDING: Bicycle** ☐ **Tricycle** ☐ **Tandem** ☐

For Tandem Events my partner is:- \_\_\_\_\_

If the event is  
oversubscribed I agree to  
be a reserve.

**Yes** ☐ **No** ☐

**OFFICIAL TIME TRIALS (including private) CLUB, OPEN, SEMI-OPEN AND ASSOCIATION EVENTS (completed events only.)**  
**(For NATIONAL CHAMPIONSHIPS only enter performances in Open, Semi-Open and Association events.)**

Please enter details of fastest performances during current and past three seasons for the type of machine you will be riding.  
If no performance please state NIL.

**Official use only Handicap:-**

A.	Event		Date	Time/Distance	Course	Winner & Time/Distance
	10	1				
	25	2				
	50	3				
	100	4				
	12hr	5				
	Fastest performance at distance since 1st January of last Year		6			
	Fastest performance ever at or near dist. now entered		7			

I HEREBY DECLARE that the particulars submitted on this form are complete and correct. I understand that the event will be held under the Rules and Regulations of Cycling Time Trials as shown in the current Handbook and I confirm that I am conversant with such Rules and Regulations and undertake to abide by them and to participate in the Drug Testing Programme whenever required to do so.

I further declare that I am at present not under suspension by Cycling Time Trials or any organisation with which Cycling Time Trials have an agreement or (if so) such suspension will have expired by the date of the event.

I agree to accept the decision of the promoter in all the matters concerning the event and my participation in it subject to such rights of appeal or review as may be provided for in the Rules and Regulations of Cycling Time Trials.

I understand that the event is held wholly or in part on public or private property or the public highway and that I participate therein entirely at my own risk and that no liability whatever shall attach to the promoter, promoting club or any officials of the event, Cycling Time Trials or any club affiliated thereto or any member of such club for any injury loss or damage suffered by me in or by reason of the event however such may be caused and whether by negligence or otherwise.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

(Event promoters MUST NOT accept entries with photocopied signatures)

**Riders under 18 years of age must also have the Parental Consent Declaration (overleaf) completed by their Parent or Guardian.**

Cycling Time Trials is a Company Limited by Guarantee (Registered England No. 4413282)

January 2007

**Please send completed form and entry fee to: Ruth Eyles, 3 Anchor Cottages, Warwick Road, Leek Wootton, Warwickshire, CV35 7QX**

**CLOSING DATE 12<sup>th</sup> April 2011**

**CHEQUES MUST BE MADE PAYABLE TO RUTH EYLES**

Mr/Mrs/Miss/Ms	Forename(s):-	Surname:-	
Club:-			District:-
Address:-			
Tel:-			Postcode :-
Mob:-		D.O.B.:-	Age on day of event:-
E-mail:-			Start/Result Sheet by E-mail <input type="checkbox"/>
<u>Emergency Contact Details</u>			Name:-
Address:-			
Tel:-		Mob:-	

## **For Veterans Only**

Best Plus for distance in current and past three seasons.		Age at that time	Yrs.
Current Standard time for event entered.		Member of VTTA Group	