

Record claimed _____

By (Team Name) _____

Was record claimed ridden as part of a race meeting? Yes / No (please delete as appropriate)

Name of event in which time was recorded _____ Date _____

Flying Start / Standing Start Holders or combination of Gate & Holders
(Please delete as appropriate)

Time recorded _____ Previous record _____

Velodrome Name and Location _____

Indoors or Outdoors (please delete as appropriate)

Track size _____ Track constructed from _____

The timing was carried out manually / electronically (please delete as appropriate)

If manual timekeeping, number of Timekeepers _____

Timekeeper's name _____ Time recorded _____

Timekeeper's name _____ Time recorded _____

Timekeeper's name _____ Time recorded _____

Signature of Chief Timekeeper _____

Signature of Chief Commissaire _____

If electronic timekeeping, please attach official result sheet for the event, signed off by Chief Commissaire

Claimant's Declaration

I _____ as team manager of

the _____ whose details are listed below,
certify that the team rode the event in accordance with the Cycling Ireland Technical Regulations relating to track racing

Signature _____ Date _____

Record Claimed _____

Team Name _____

Rider 1 Name _____

Address _____

Rider 2 Name _____

Address _____

Rider 3 Name _____

Address _____

Rider 4 Name _____

Address _____

