



# NATIONAL, STATE AND TERRITORY RECORD CLAIM FORM

## **RECORD TYPE**

□ New Record

□ Claim Previously Set Record (not recorded)			
LOCATION			
Location of Velodrome			
Track Measurement	metres Material (Wood etc.)		
Indoor or Outdoor			
RECORD INFORMATION			
□ State/Territory Record:	(specific State/Territory)		
□ National Record			
Request of record for	(Category)		
Event (including distance)			
Date	Time Set		
Name of Rider:	Member No		
Event Details or Special Attempt			

Level 12 459 Little Collins Street MELBOURNE VIC 3000

PO Box 445 Collins Street West VIC 8007 www.auscycling.org.au info@auscycling.org.au 1300 137 397 ABN 70 644 149 351

ACN 644 149 351







### **Claimed Record**

For Records Previously Set but Not Recorded

Attach a copy of the official results signed by the event Chief Commissaire.

#### **New Records**

## Attestation of the result by Officials

We, the undersigned officials confirm that the record information as set out within this document was achieved according to the AusCycling Regulations.

Position	Name(family)	Given Name	Signature
Chief Commissaire			
Timekeepers			
(manual – Chief)			
(manual - #2)			
(manual - #3)			
Timekeeper			
(electronic)			

Hand Timing to be supported by Electronic Timing: Attached certified print <u>out</u>

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Confirmed: by Chief Commissaire		
(Date)	(Signature)	
Print Name		

Office Use Only	Processed By	Date
Received		
Update Record		
Mail Certificate		

Submit any record forms to <a href="mailto:track@auscycling.org.au">track@auscycling.org.au</a>

LET'S RIDE TOGETHE



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