



# CYCLING TIME TRIALS

The national governing body for Cycling time trials  
www.ctt.org.uk



1937-2002

Registration Form for a vehicle to assist with a competitors reasonable feeding and other requirements as provided for in the Regulations.

Title of Event: Kent Cycling Association Open 12 Hour

Date of Event: \_\_\_\_\_

Name of Competitor: \_\_\_\_\_

Competitor's Club: \_\_\_\_\_

Competitor's Number: \_\_\_\_\_

A motor vehicle, make, model number and colour: \_\_\_\_\_

\_\_\_\_\_

Registration Number: \_\_\_\_\_

Will be used to assist the above named competitor while taking part in the event as described above.

**The name(s) of the driver(s) of the vehicle will be as follows:-**

Driver(s): \_\_\_\_\_

## **NOTE**

THE COMPLETION OF THIS FORM DOES  
NOT PERMIT YOUR HELPERS TO FOLLOW  
YOU ALONG THE COURSE.

THEY MAY PASS AT INTERVALS OF NOT  
LESS THAN 10 MILES

Completed forms must be lodged with the Event Secretary not later than the start time of the competitor.