

BRITISH COLUMBIA MASTERS ATHLETICS

APPLICATION FOR ROAD RACE RECORD

EVENT _____ DATE OF EVENT _____
MEN/WOMEN _____ AGE GROUP _____

ATHLETE

FULL NAME OF COMPETITOR: _____

ADDRESS: _____

NATIONALITY: _____

DATE OF BIRTH: day _____ month _____ year _____

B. C. ATHLETICS Membership number: _____

RACE INFORMATION

NAME OF RACE: _____

START AT: _____

LOCATION: City _____ Country _____

RACE SANCTIONED BY: _____

COURSE DESCRIPTION: (a) Point to point _____ Altitude difference _____
(b) Loop _____

BIB NUMBER: _____

RESULT

TIME: Hours _____ Minutes _____ Seconds _____

OVERALL POSITION: _____ AGE GROUP POSITION: _____

TIMING DEVICE USED: _____

NAME OF HEAD TIMER: _____ Signature _____

RACE DIRECTOR'S STATEMENT

I hereby certify that all the information recorded in this form is accurate, and that all the appropriate road racing rules were complied with. I also certify that the race distance and the timing to be accurate.

Name of Race Director _____ Signature _____

Send form to: B. C. Athletics Masters Record
#120 – 3820 Cessna Dr.
Richmond, BC V7B 0A2
Canada