



# EVENT ENTRY FORM

## FOR EVENTS HELD UNDER THE RULES AND REGULATIONS OF TLI CYCLING

Please complete all relevant sections and return to the Event Organiser

NAME OF EVENT:	DATE OF EVENT:			
MEMBERSHIP / LICENCE No.				
FIRST NAME:	LAST NAME:			
ADDRESS:				
POSTCODE:	TELEPHONE NO:			
DATE OF BIRTH:	<input type="text"/>	GENDER (TICK)	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
CLUB /SPONSOR:				
AGE CATEGORY:	See table below. TLI Cycling events are organised in age category groups, determined by the competitors age on the day of the event although entrants may elect to be reclassified to a group that most suits their current ability			
EMERGENCY CONTACT NAME:				
EMERGENCY TELEPHONE NO:				

All other Categories		
RIDERS AGE	Male	Female
16 - 17	J	WJ
18 - 39	S	C
40 - 44	A	D
45 - 49	B	E
50 - 54	C	F
55 - 59	D	G
60 - 64	E	G
65 - 69	F	G
70+	G	G

### Para-Cycling Categories.

Para cyclists who have previously self- identified to their Region representative will have been allocated a category for racing as follows:-

**MC 1 & 2** will compete with the age group 10 years older.  
(Two Categories Older).

**MC 3** will compete with the age group 5 years older.  
(One Categories Older).

**MC 4 & 5** will compete with their correct age-related group.  
(No Category Change).

Note: In the case of any dispute on the grounds of age or gender the details entered on the competitors original Birth Certificate will be the determining factor.

Riders will change category on 1st January of the year of their appropriate birthday

**ALL COMPETITORS STATEMENT:** I declare that the information on this form is complete and correct. I understand and agree that I participate in this race entirely at my own risk, that I must rely on my own ability in dealing with all hazards and that I must ride in a manner which is safe for myself and all others. I am aware that when riding in an event the function of the marshals is only to indicate direction and that I must decide if the movement is safe. I agree that no liability whatsoever shall be attached to the promoting club, meeting sponsor(s), TLI Cycling, or any official or member of the promoting club in respect of any injury, loss or damage suffered by me in or by reason of the race, however caused.

MEMBERS SIGNATURE:	DATE:
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Entry Fee Enclosed - £ \_\_\_\_\_ Payable to the Organiser unless requested otherwise (see the website 'Events Calendar' for full details). If you require confirmation of your entry please enclose a stamped, self-addressed envelope

The Organiser must copy this Form and retain it for one year.

Please scan or photograph this form and send via email to [Ian.Noons@AdministrativeDirectorOfRacing](mailto:Ian.Noons@AdministrativeDirectorOfRacing) within 7 days of your event.

Please Note: The text on this form must not be amended in any way.