

Record Attempt Application Form

This form must be submitted at least 21 days prior to record attempt.

(Multiple records may be attempted in a single ride for a single fee unless multiple award plaques are desired)

Record Details

Specific: Cross-Country Cross-State Capital-to-Capital City-to-City Circumnavigation

List country, state, etc: _____

Location: (must use existing endpoints if already established)

Starting Point: _____ Ending Point: _____

Fixed-Time or Fixed-Distance:

6 hour 12 hour 24 hour

100 km 200 km 300 km 500 km 1000 km

100 mile 200 mile 300 mile 500 mile 1000 mile

Venue for Fixed-Time or Fixed-Distance:

Surveyed Road Course OR Indoor Track Outdoor Track

Track/Course Location: _____

Calendar Record: HAMR Year (Highest Annual Mileage) HMMR HWMR 100,000 mile

Proposed Start Date: mm ___ dd ___ yy _____

Rider(s) Details

Configuration: Solo Tandem 2-Person 4-Person 8-Person

(No gender or age distinction for 8-Person)

If Paralympic, provide classification (C1-C5 or H1-H4): _____

Gender: Male Female Mixed

Birth Year: _____ (Age category is based on **year** of birth only)

Age: 17 and under 18-49 50-59 60-69 70+ (Teams use average age of team members)

Bike Type: Standard Recumbent Faired recumbent(HPV) Unconventional

Signatures

Signatures of All Riders, signifying their intent to ride for the record stated above

(rider signature) (printed name) (date)

(rider signature) (printed name) (date)

(rider signature) (printed name) (date)

(rider signature) (printed name) (date)

(Continue overleaf if 8 Person configuration)