CYCLO-CROSS
Form for lapped or pulled riders

Name of the race: _____

Class : _____   Category : _____

Date: _____   Place: _____   Laps : _____

Commissaires' name: _____

Time of the first full lap (1st rider) : _____min._____sec. x _____ % = _____min._____sec.

Race number	Time down: +mm:ss	Laps to go when pulled		Race number	Time down: +mm:ss	Laps to go when pulled

Lapped or pulled riders need to figure on the final classification. Thank you to fill this form by order the riders are pulled.

Signature: _____