

Name:

## **BC Randonneurs Cycling Club**

# Permanent Brevet # 177 Control Card

# No More Cloudy Days 200 km

ivaille.					
Address:					
City:	Province/State:				
Country:	Postal/Zip Code:				
Telephon	e: Email:				
	Founding member of Les Randonneurs Mondiaux (1983)				
	Each Randonneur has the control card signed at each control between the opening and closing times. After completion send the control card to the permanents results coordinator. Scans preferred.				
Date:	Start Time:				
	Finish Time:				
	Elapsed Time:				
Rider Signature at Completion:					
Permanent Brevet Program Coordinator Authorization					
	Permanent Brevet Number: 177				

# 500

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Name	:				
Addre	ss:				
City: _			_ Province/Stat	te:	-
Count	ry:		Postal/Zip Cod	de:	
Telepł	none:		Email:		
	Founding	; member of Les R	andonneurs Mondia	ux (1983)	
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Date:		St	art Time:		
		Fir	nish Time:		
		Ela	apsed Time:		
Rider	Signature at Compl	etion:			
Permanent Brevet Program Coordinator Authorization					

**Permanent Brevet Number: 177** 



# **BC Randonneurs Cycling Club**

# **Controls**

#### For Permanent Brevet #177

## No More Cloudy Days 200 km

Distance (km)	Opening Time (from start)*	Closing Time (from start)*	Location	Establishment or Info Clue	Initials or Answer	Time
0.0	0:00	1:00	Aldergrove	US Customs		
84.4	2:28	5:36	Mount Vernon	Shell or choice		
95.9	2:49	6:24	Summers Dr & Bradshaw Rd	Find question; provide answer		
122.1	3:35	8:08	Josh Wilson Rd & Rector Rd	Find question; provide answer		
200	5:53	13:30	Aldergrove	Canada Customs		

Emergency contact: _		•	
	(name)	(phone number)	

Note that the times are formatted hours:minutes from the start of the permanent brevet.



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# **Controls**

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	(name)	(phone number)

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