

VETERANS' TIME TRIALS ASSOCIATION

**THIS CLAIM FORM, TOGETHER WITH
RELEVANT RESULTS SHEETS, SHOULD
BE
SENT TO THE GROUP RECORDER
TO ARRIVE BY 31st OCTOBER**

CLAIM FOR STANDARDS

KENT GROUP RECORDER

an Turner
3 Parkway
onbridge
N10 4RA

01732358714

DISTANCE	EVENT	DATE	TIME/ DISTANCE	Solo Tricycle Tandem	Age on date of Event
10 MILES					
25 MILES					
30 MILES					
50 MILES					
100 MILES					
12 HOURS					
24 HOURS					

NAME OF CLAIMANT: _____ DATE OF BIRTH: _____

ADDRESS: _____

SIGNATURE: _____

CLUB: _____

**N.B. PLEASE USE BLOCK LETTERS AND UNDERLINE OR
HIGHLIGHT YOUR NAME ON EACH RESULT SHEET OR COPY**

KENT GROUP RECORDER

Turner
Parkway
Ridge
14RA

01732358714

RECORDER'S USE

OPY