

## 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**


COPY