GWENT COUNTY RECORD CLAIM

Title (Mr/Mrs/Miss/Mstr):	Tick if Junior Claim ☐
Full Name:	
Address:	
	Post Code:
Tel:	Date of Birth (Junior Claim):
Club:	GNAS No:

Group = GR (Gents Recurve) LR (Ladies recurve)
JB (Junior Boy) JG (Junior Girl)
COMU (Compound ULtd) COML (Compound Ltd)
BB (Barebow) LB (Longbow)

Round Shot:		Group:
Score:	Hits:	10's:
Venue:		Date:

Is the Result sheet attached yes ☐

If NO then Signatures of 2 witnesses required (1 to be an official on the day)

1st Witness:	2nd Witness:
Signature:	Signature:
Print Name:	Print Name:
Capacity:	Capacity:
Date:	Date:

Archers Signature: ……. Date: ……

Please Return to : Julian Cleak, Danetre, Newport Road, Llantarnam
Cwmbran, Torfaen, NP44 3AE
Tel: 01633 485062