



# Shropshire Archery Society



## Record Claim Form

Surname: ..... First Name(s): .....

GNAS No: ..... Club: .....

Category of Bow:

Recurve / Barebow / Longbow / Ltd Compound / UnLtd Compound / Other: .....

Male/Female\*                      Senior/Junior\*      Age: .....      Date of Birth: .....

Round Shot: .....                      Score: .....

Venue: .....                      Date: .....

I wish to make a claim for the above record.

Claimants signature: .....                      Date: .....

**A copy of the officially printed tournament results must accompany this form. If you want confirmation that your claim has been received please enclose a stamped addressed envelope or your email address, otherwise no acknowledgement will be given.**

If claimant is under 18 years of age, a parent/guardian must also sign this claim form.

Parent/guardian signature: .....                      Date: .....

**All record claims must be received by the Records Officer within 31 days of the date they were shot.**

RETURN TO:

Mr Jon Poole  
72 Kingston Drive  
Shrewsbury  
Shropshire  
**SY2 6SJ**

<b><u>Office use only</u></b>
Date received
Verified
Verified date