



GWENT COUNTY RECORD CLAIM

Title <i>(Mr/Mrs/Miss/Mstr):</i>		Tick if Junior Claim	<input type="checkbox"/>
Full Name:			
Address:			
Post Code:		Tel:	
Date of Birth (<i>Junior Claim</i>):		GNAS No:	
Club:			

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:	
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