

**VETERANS' TIME TRIALS ASSOCIATION**

**THIS CLAIM FORM SHOULD BE  
SENT TO THE GROUP RECORDER  
TO ARRIVE BY 31st OCTOBER**

**CLAIM FOR STANDARDS**

**KENT GROUP RECORDER**

an Turner  
5 Parkway  
onbridge  
Kent  
TN10 4RA  
1732358714

DISTANCE	EVENT	DATE	TIME/ DISTANCE	Solo Tricycle Tandem	Age on date of Event	RECORDER'S USE
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**

