



VETERANS TIME TRIALS ASSOCIATION

NATIONAL B.A.R. & THREE DISTANCE COMPETITION CLAIM FORM

Group Recorder

Address

.....

Name		Club	Group
Address		Male/Female	Date of Birth
		Please enter me for : BAR <input type="checkbox"/>	Three Distance Competition <input type="checkbox"/>
Postcode			
Telephone			

Claim for season's best rides. Indicate bike or trike in the B/T column. Result sheets *must* accompany any claims. Last qualifying event - 15th October. Club events do not count

Dist/Time	Event	Date	Time/Dist	B/T	Age	Standard	Checked
25							
50							
100							
12 Hour							

Group Recorder's Use Only	
BAR Plus (mph)	Three Distance + Mins/Secs
Total Plus	Total Plus

Claimant's Signature _____ Date _____ *(Unsigned entries will not be accepted)*

Results verified by _____ *(Group Recorder)*

Claims must be with the National Recorder by 1st November and the Group Recorder no later than 18th October