VETERANS' TIME TRIALS ASSOCIATION

Age Record Claim

PLEASE USE BLOCK LETTERS

D: 4 /II	
Distance/Hours	Age
Bicycle/Tricycle/Tandem	Date of Event
Name of Event	
Course Key Number	Signature of Claimant
My Actual Time/Distance	
Claim Date	
Surname	
Title, Initials, Forename	Date of Birth
Address	Email
	Telephone
Club	VTTA Group
Entries close 31st October. Please <u>UNDERLINE</u> or <u>HIGHLIGHT</u> your name on the result sheet.	
Note: Attach the Event Result Sheet or Certificate signed by the Event Secretary or Timekeeper and send direct to the National Records Secretary or via your Group Recorder. L.E.Lowe, 106 Jordan Avenue, Stretton, Burton-on-Trent, DE13 OJD	
FOR OFFICIAL USE ONLY	
COMMITTEE 1 Remarks	
	Signature
COMMITTEE 2 Remarks	
	Signature
RECORDER	Signature
Checked	
Certificates Records Book	
IXCCUIUS DUUK	