



Shropshire Archery Society



Record Claim Form

Surname:..... First Name:.....

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

Bow Category: (circle)

Recurve / Longbow / Ltd Compound /UnLtd Compound/ Barebow / 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 official tournament results must accompany this form, either in print form if sending by post or a digital link/scan. Email confirmation will be sent with a PDF copy of the record certificate once the claim has been ratified.

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

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

Claimants email address.....

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

Lyn Anderson
1 The Courtyard
Burgs Lane
Lower Bayston Hill
Shrewsbury
SY3 0AR
sasrecordsofficer@icloud.com

Office Use only
Date Received
Verified

