



**VETERANS TIME TRIALS ASSOCIATION**  
East Anglian Group four distance competition claim form

Group Recorder: **Ken Platts**  
Address: **7 Offa Lea**  
**Newton**  
**Cambridge**  
**CB22 7PW**  
**01223 870963**

Name:  
Address:

Club:

Date of birth:

Male/female:

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

Distance	Event	Date	Time	B/T	Age	Standard	Checked
10							
25							
50							
100							

**Group Recorder's use only**

4 distance plus (mins/secs)
Total plus:

Claimant's signature: ..... Date: ..... (Unsigned entries will not be accepted)

Results verified by: ..... (Group Recorder)

**CLAIMS MUST BE WITH THE GROUP RECORDER NO LATER THAN 18th OCTOBER**