



VETERANS TIME TRIALS ASSOCIATION

CLAIMS FORM FOR STANDARD MEDALS

Distance	Event	Date in full	Actual Time or Distance	Solo, Trike or Tandem	Age on date	For official use only	

Name of Claimant	Date of Birth
Address	Signature of Claimant
	VTTA Group
Post Code Phone No:	VTTA Membership Number
Club	Signature of Group Recorder

PLEASE USE BLOCK LETTERS

Please underline your name on Result Sheet and send, together with this form, to your Group Recorder as soon as possible
The FULL Result Sheet or a copy must be sent, a part is unacceptable. If originals are required to be returned please enclose a SAE

Entries close 31st October