



Southern Counties Archery Association
ARCHERY RECORD CLAIM FORM

Name of Claimant: Club: County:-.....

DISCIPLINE: (Please tick as appropriate)

Target Indoor Target Outdoor Field Clout Flight

BOW STYLE: (Please tick as appropriate)

Recurve Barebow Longbow Compound Limited Compound Unlimited

Other (Specify).....

BY: (Please tick the appropriate box and add age if junior)

Lady Gentleman Junior Lady (Girl) Junior Gentleman (Boy)

Date of Birth (if a junior claim is being made)

TOURNAMENT NAME:

..... **Date:**/...../.....

Contact details of Tournament organiser.

Name.....

Address.....

.....

Round: (and distance if appropriate).....

SCORE	HITS	GOLDS	INNERS

Signature of Claimant:

Date:/...../.....

Signature of Authenticator:

Date:/...../.....

This form should be sent to: Mrs Ruth Hung, SCAS Records Officer, 90 Mortlake Road, Kew Gardens,
Richmond, Surrey TW9 4AS

REMINDER:

An Official Tournament Results Sheet/ Score Sheet **MUST** accompany this claim form.