



Archery Victoria			
Title:	Forms		
Subject:	Record Claim Form		
Author:	Chief Executive Officer - Trevor Filmer		
Date:	29/09/11	Replaces:	16/05/11
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631. Record Claim Form

Archer's Name _____ **AA Registration Number** V _____

Club _____

Archer's Date of Birth _____

(Failure to supply DOB may jeopardise upward claim)

Category [] Bow Type [] Age Group [] Sex

(Refer to Document 416 for the Table of Codes)

Type [] Championship [] Tournament [] QRE

Claim Level [] State [] Australian [] National

Event Date _____ **Score(s)** _____

Event Name _____

Event Venue _____

Round/Distance _____

Number of Archers Shooting [] On Target

Double Scored [] Yes [] No

Judge in Attendance [] Yes [] No

Event Timed [] Yes [] No

A two signature, original score card must be attached.

(Signed by two archers, dated, with no altered score values and matches the result sheet as published by the event manager)

I hereby submit that the above information is true and correct and that the submitted rounds were shot in accordance with current AA and AV rules.

Archer's or Parent/Guardian's Signature _____ **Date** _____

Form must be submitted within **1 month** of the shooting date to be eligible to claim an AV record.

Form must be submitted within **2 months** of the shooting date to be eligible to claim an AA record.

Please forward to:

The AV State Claims Recorder
P.O. Box 3093
Syndal VIC 3149

avrecorder@gmail.com