

0631 Record Claim Form

Date: 17th - May-16	D. Nelson-Furne	ell	Archery Victoria Record Claims Recorder.	V1.	
Replaces: 21 st -Nov-12	T. Filmer				
(If you wish to claim a re Claims Recorder with a			he form below (one for each claim) and return it to the State e scoresheet)		
Personal Details					
Name:				-	
AA Membership Numb	 er:				
Club:					
Date Of Birth:					
Bow Type:				-	
Age Group:					
Sex:					
(If you are unsure of your category descriptors please refer to document 0416 Categories on the Archery Victoria website)					
Event Details:					
Event Date					
(The form must be submitted within one month of the event date to be eligible to claim a record)					
Score:					
Event Name:					
Event Venue:					
Round or Distance/Fac	e Size:				
Double Scored	Yes	No	Please circle		
Event Timed	Yes	No	Please Circle		
Name Of Judge					
Name Of Judge					
Name Of Judge					

Confirmation

(A two signature, original score card must be attached)

(A clear copy is acceptable) (Scorecard must be signed by two archers, dated, no altered score values and matches the result as published by the event manager - Archers Diary)	1e
I hereby confirm that the above information is true and correct and that the submitted scores were shot in accordance with the current World Archery, Archery Australia and Archery Victoria rules.	
Submission Date:	
Print Name:	
Sign:	

(Please forward this form with a copy of your completed scorecard to the Archery Victoria State Claims Recorder)

RecordClaimsAV@gmail.com

AV Record Claims Recorder Dawn Nelson-Furnell 50 Campbell Street Crib Point Vic, 3919