



NATIONAL RIFLE ASSOCIATION



Astor County Challenge Tankard 2025

County:	
Organiser's Name:	Organiser's Contact No:
Organiser's Email Address:	

Scores					
Venue Contested at:			Date of Competition:		
<i>You must provide the scores for the winning team, and in addition the names and scores of all other teams which competed (please enter scores at each distance in case of ties)</i>					
Team	Club	300x	500x	600x	Total

Winning Team							
Winning Team:				From Club:			
Club Secretary's Name:				Club's Affiliation No:			
Club Secretary's Address:							
Captain's Name:				Coach's Name:			
	Name	TRID	Class		Name	TRID	Class
Firer 1:				Firer 4:			
Firer 2:				Firer 5:			
Firer 3:				Firer 6:			

I certify that the team composition complied with the match conditions and that the team contained **not more than two Class X firers and no fewer than two Class O or T firers.**

Organiser/Astor Secretary Signature:Date:

All Claim Forms must be received by Monday 30th June 2025