





Astor County Challenge Tankard 2021

County:						
Organiser's Name:		Organiser's	Organiser's Contact No:			
Organiser's Email Address	:					
	Wi	nning Team				
Winning Team:		From Club:	From Club:			
Club Secretary's Name:		Club's Affiliation No:				
Club Secretary's Address:						
Captain's Name:		Coach's Nam	Coach's Name:			
Firer 1:		Firer 4:				
Firer 2:		Firer 5:				
Firer 3:		Firer 6:				
		Scores				
Venue Contested at:		Date of Com	Date of Competition:			
Number of competing Teams:		Number of competing Clubs:				
You must provide the sco	res for the winning team, competed (please enter s				eams which	
Team	Club	300x	500x	600x	Total	
certify that the team com	-			the team con	tained not	

All Claim Forms must be received by Thursday 1st July 2021