



CHESHIRE & NORTH WALES CENTRE

TRIALS RECORDER RETURN FORM

CLUB:DATE :

VENUE.....

DATE:PERMIT No: ...ACU.....

THE FOLLOWING PERSONS ACHIEVED A RESULT IN THEIR RESPECTIVE CATEGORY AT THE ABOVE TRIAL:

EXPERT Name:..... ACU AFFILIATION No:.....

Address:

.....Post Code:.....

INTER Name: ACU AFFILIATION No.....

Address:

.....Post Code.....

NOVICE Name:ACU AFFILIATION No.:

Address:.....

.....Post Code:.....

Please return this form to the centre recorder - Mr C Atherton, Norwood Cottage, Beauty Bank, Whitegate, Cheshire, CW8 2BP cj.atherton7@gmail.com with a complete set of results .