

Q.A.F.C.A. inc DRY CASTING RECORD CLAIM FORM

APPLICANT'S NAME :

ADDRESS : POST CODE

CLUB DATE OF CAST :

NAME OF EVENT : *Divisional / State / National Title*

CATEGORY OF CAST. SECTION (Tick)

UP TO 112 grams. *Metres* *Male*

UP TO 56 grams *Metres* *Female*

ARTIFICIAL BAIT *Metres* *Veteran Male*

ACCURACY *Points* *Veteran Female*

Juniors

APPLICANT'S SIGNATURE

CASTING OFFICER : (*Witness to cast*)

NAME :

ADDRESS : POST CODE

DATE CAST REGISTERED WITH ASSOCIATION

CASTING OFFICER'S SIGNATURE

CONDITIONS OF APPLICATION :

1. All record applications must be in the hands of the State Secretary no later than thirty (30) days from the casting date. **P O Box 3178, WEST IPSWICH QLD 4305**
2. Records may only be claimed in recognized Divisional, State and National Titles.
3. Claims for records from National Casting Titles may be awarded to affiliated Queenslanders, only when competing and representing Queensland at these titles.
4. All casts must be made under the Association's Casting Rules.
5. Application fee: \$5.00 per application (Non refundable)