**Audax Ireland – 4 Provinces Claim Form**

|  |  |
| --- | --- |
| **Riders Name:** |  |
| **Riders Club:** |  |
| **Riders Address:** |  |
| **Phone:** |  |
| **E-Mail:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event** | **Date of Ride** | **Event Name & Distance** | **Start Province** | **Organisers Name** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |