***Date of shoot***

 Please ensure rounds are entered correctly when filling out the entry form, as there may not be room to move people around on the day

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| --- | --- | --- |
| **Contact:**  | **Email:** | **Phone:** |
| **Club Name:** | Round to be shot (please tick ) |
| Archers Name | M / F | Senior/ JuniorAge -if junior | **Date of Birth -****if junior** | Bow TypeRC/CP/LB/BB | AGB Number | Archers Handi-cap | **Disabled****Category****Y/N** | Entry fee£8 Sen£6 Jun | National20**U10****M&W** | National30**U12****M&W** | National40**U14****M&W** | National50**U16****M&W** | National**SeniorsU18****M&W** | Long National**Seniors** | Novice Shoot/ Western Ext |
| 20/10  | 30/20 | 40/30 | 50/40 | 60/50 | 80/60 |  |
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|  | **Total Fee £** |  | **Once complete please email form to: *enter club contact email***  |

**Please tick if you do NOT want to appear in photographs** **Please tick if you are shooting out of category.**

**Signed (Parent/Guardian if Junior)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email (Parent/Guardian if Junior)** \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DISABLED ARCHERS** – PLEASE STATE YOUR NEEDS |  |
| ARE YOU ABLE TO MOVE ON AND OFF THE LINE IN THE TIME ALLOWED? | Yes / No |  |
| DO YOU INTEND TO BRING AN ASSISTANT/AGENT? | Yes / No |  |
| **ABLE BODIED ARCHERS** - Please tick if you are NOT prepared to collect and score arrows for disabled archers [ ]  |  |

**Declaration:** I confirm that the above archers are members of Archery GB (GNAS). All are fully aware of the Archery GB rules of shooting in respect to safety and the prospectus has been read.

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| **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Position: Chairperson / Secretary / Coach**  (Delete as appropriate)  |