

SCoA WA720 Entry Form

Please indicate age group of any juniors and whether they wish to shoot for senior awards

Club.....

Contact email.....

Contact telephone number.....

Name	Class (A1, A2 etc)	Bow	Gender	Snr /Jnr	AGB No	Wheelchair or stool user?	Right or Left handed?	Signature

Disabled Archers – please state your needs: Are you able to move on and off the line in the time allowed? Do you intend to bring an assistant/agent?	Yes/No Yes/No
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Able bodied archers – please state if you are NOT prepared to collect and score arrows for disabled archers:

The information collected from this form will be used for tournament administration only and may be stored in databases and systems for this purpose. Relevant information may be shared with tournament officials and published in documents such as target lists and results. Email and postal addresses and telephone numbers will not be shared with any other parties.