

## Bowbrook Archers – WRS WA720m Entry Form

Club	
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Name	Snr/Cadet/Cub	(Cadet/Cub) D.O.B	AGB no.	Bowstyle	Wheelchair/ Stool user	Fee	Parent/guardian Signature

**Disabled Archers:**      Please state your needs .....

Are you able to move on/off the line in the time allowed? .....      Do you intend to bring an assistant? Y/N

**Able Bodied Archers:**

Please tick if you are NOT prepared to collect and score arrows for disabled archers.     

Emergency Tel:		Email:	
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**Please enclose 2 Self Addressed Envelopes for target list and results if required. Results will be emailed if address is supplied.**