

WMAS WA Double 70M/60M/50M + 70M/60M/50M + H2H– Entry Form

Name	Club	ArcheryGB No	Age Group	Bow Style	Wheelchair / Stool User	Day 1 2 or Both	Amount Paid	Parent / Guardians Signature
Total								

Cheques/postal orders should be made out to 'Long Mynd Archers'

Bacs payment Longmynd Archers 20-77-85 50587346 ref BATC

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 ☐

Email Address:		Contact Telephone	
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