

Cleadow Archers Open Tournament. Sunday, 14th December 2008

ENTRY FORM

Name: (Mr. Mrs. Miss. Ms. Mstr.) Please Print: _____

Address: _____

_____ Post Code: _____

Tel: _____ E-mail: _____

Club: _____ **GNAS No.** _____

Please tick appropriate boxes

R or L Hand _____

R/C	<input type="checkbox"/>	B/B	<input type="checkbox"/>
C	<input type="checkbox"/>		
L/B	<input type="checkbox"/>		

Indicate preferred choice of Session
i.e.(1st), then (2nd) in boxes

Morning:

Senior:

Afternoon:

Junior: d.o.b. _____

Veteran:

V.I. or
Wheelchair

I accept the conditions set out in the programme.

Novice:

Signature:

Fee enclosed £ _____ (Parent to sign for Junior)

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