

Cleadon Archers Open Tournament. Sunday, 13th December 2009

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"/>	Indicate preferred choice of Session i.e.(1st), then (2nd) in boxes				
C	<input type="checkbox"/>			Morning:	<input type="checkbox"/>	Senior:	<input type="checkbox"/>	
L/B	<input type="checkbox"/>			Afternoon:	<input type="checkbox"/>	Junior:	<input type="checkbox"/>	d.o.b. _____

Veteran:	<input type="checkbox"/>	V.I. or Wheelchair	<input type="checkbox"/>	I accept the conditions set out in the programme.
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Novice: **Signature:** _____

Fee enclosed £ (Parent to sign for Junior) _____

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