



				ENTRY	FORM			
				Personal	Details			
Title		First Name				Surname		
Email					Mobile			
Address	;							
Club						AGB Membership number		
Bow Style					Age Group		Date of birth, (Juniors only)	
Select Round		SATURDAY			SUNDAY			
Disabled Archer		Please indicate left or right han						
Able bodied archers		Please tick if you are NOT willing to assist disabled archers in scoring & collecting arrows						
Disabled archers		Are you able to move off the shooting line between ends?						
		Are you bringing an assistant/agent?						
Special Requirements						1		
Entry Fees & Payment Details								
Entry Fee	S	Saturday		Sunday		Both Days		
GBP: Acc	ount: Wate	erside Archers, Sort Code: 20-79-31, A/C#: 03949265				Tatal Bassalilas	1	ı
Reference: Surname prefixed with "WAWE-" (eg. WAWE-Carstensen)								
Email or Send entry form to Mr Matt Carstensen, Flat 2, 60 Wimborne Road, Bournemouth, BH3 7AR								
1	_	umheights.net						
If paying labove	by cheque:	Make cheques	payable to 'Wat	erside Archers'	and send with e	entry form to Mr N	latt Carstensen	at the address
			Closing Dat	te for Entries: 27	7-Apr-2025, or w	vhen full!		
		Con	sent & Accep	tance of Toui	rnament Tern	ns & Conditions	3	
requirem A parent/	ents as det	ailed in the Tou nust sign entries	rnament Prospe	ectus.		t I will abide by all e happy for the ju	· ·	
Archers	Signatur	е						
Parent or Guardian Signature								