

Archery WA

State Team Application

To be considered for selection of the State Team please provide Archery WA with the below information.

Full Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Address: _____

Mobile: _____ Home: _____

Email: _____

Archery WA Club: _____ AA Membership No: _____

Bow Type: _____ Division: _____

If under 18 please provide Parent/Guardian Details.

Full Name: _____

Mobile: _____ Home: _____

Email: _____

Signature: _____

Emergency Contact

Please provide two

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Signature: _____

Please Provide Evidence of Criteria Met

Minimum of Three Scores Required

Tournament Information: _____

Division: _____ Date: _____ Score: _____

Tournament Information: _____

Division: _____ Date: _____ Score: _____

Tournament Information: _____

Division: _____ Date: _____ Score: _____

Tournament Information: _____

Division: _____ Date: _____ Score: _____

Australian Team Selection Information:
