**Archery WA MB and GMB Classification Claim Form**

|  |  |
| --- | --- |
| Club: | Date: |
| Recorder’s Name: | Phone Number: |
| Signature of Club Recorder: | |
| Postal Address: | |

|  |  |  |
| --- | --- | --- |
| **Archer’s Details** | **Age Group** | **Bow Type** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | Cub |  | Recurve |  |
| First Name |  | Intermediate |  | Compound |  |
| Gender |  | Cadet |  | Longbow |  |
| Club |  | Junior |  | Barebow Recurve |  |
| RGB |  | Open |  | Barebow Compound |  |
| \*AA Member # |  | Master |  | Crossbow |  |
| \*AA Membership Number is required for ALL claims | | Veteran |  | Flight |  |

**CLASSIFICATION CLAIMS - $6.25** (Please circle or highlight appropriate level/s and discipline below)

|  |  |  |  |
| --- | --- | --- | --- |
| Target | Indoor | Field | Clout |
| MB | GMB |  |  |

Refer to AA Rules 4.2.3 – 4.2.7 for clarification of new requirements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Round (e.g. 70m Round) | Date shot | Score | Rating | Event Name |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Year required | \*\* | Rating required | \*\* |

**For Classification Claims** this completed form may be emailed (or posted) to the AWA Medal Coordinator.

Lynne Greenham, 3 Wheatley Court, GREENWOOD WA 6024

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Please include scoresheets where possible.

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