Form 300-010.03



Archery Western Australia

Affiliated with Archery Australia

State Record Claim Form

Archer Details					
Name:				AA No:	
					AA Number must be provided
D.O.B.			Gender		
Date of Birth must be included					
(dd/m	m/yy)		Division (bow type)		
			(bow type)		
Club Details					
Name of Club					
Date On which record sh	ot				(dd/mm/yy)
Number of Archers Shooting					
Venue/Place Record Shot					
Record Claim Details					
Round being claimed				Score:	
Nourila Being claimed					
Class/Classes being claimed Place a 🗵 in the box being claimed (double click on box)					
	U14			Open	
More than one Class can be claimed in accordance to AA R	U16			50+	
	U18			60+	
Para	U21			70+	
Declarations					
Declaration: I hereby advise that the c	shove information	on is true and co	arrect and t	hat the ro u	and was shot in
I hereby advise that the above information is true and correct and that the round was shot in accordance with the current AA Shooting Rules.					
Club Recorders Name:					
Signature:					
Date submitted to State Recorder					(dd/mm/yy)
Please ensure that relevant score sheet is attached to claim form.					
Emailed scanned copies of this form and score sheet will be accepted					