



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: _____

Signature: _____

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: _____

Please Provide Evidence of the Criteria Met

Minimum of Three Scores Required

Tournament Name: _____

Division: _____ Date: _____ Score: _____

Tournament Name: _____

Division: _____ Date: _____ Score: _____

Tournament Name: _____

Division: _____ Date: _____ Score: _____

Tournament Name: _____

Division: _____ Date: _____ Score: _____

Australian Team Selection Information:

