

# ANZ Inter-School Archery



**Archery NZ**

## REGISTRATION FORM

School Name:

.....

School Address:

.....  
.....  
.....

Phone Number:

.....

Contact Name:

.....

Email Address:

.....

**Please provide coaches name, and/or Archery club providing assistance. Or indicate if school has own range and equipment:**

Name of Coach:

.....

Location of Archery Venue:

.....  
.....

**Student's Name:**

**Yr:**

**Bow Type:**

Student's Name:	Yr:	Bow Type:
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Please provide student's "year" as there is secondary and intermediate categories.

\$1.00 per student to be paid on registration (per school term.)

**Please send completed form to:**

JAMA Convenor, Mike Ashburn c/- 8 Island View Heights, Whakatane 3120

**(All cheques made out to Archery New Zealand)**