

Archery NZ

International Event Nomination Registration



Please complete this form in full and return by email to:
selectionpanel@archerynz.co.nz by the date required

Event:

Event Date:

Selection Closing Date:

Name:

Email:

Mobile:

Home Phone:

DOB:

Address:

Please circle a category below:

Male Recurve Compound
 Female Recurve Compound

Intermediate Cadet Junior

Please provide qualifying score information below for the minimum number of 3 scores required

Event Name	Event Date	Round	Event Type	Score 1	Score 2	Score 3	Score 4

Signed:

Date:

Parent or Guardian Signature if under 16 years: