

Archery NZ Intention to Apply

By submitting this form as soon as possible, and at the latest by the date specified in the selection policy for the event, this will improve the quality of the communication and support we can give you as well as improve the planning for the event.



Event you intend to apply for:

Coach: _____

Coach email: _____

First Name: _____

Coach phone: _____

Last Name: _____

Affiliation Number: _____

Date of Birth: _____

Bow Type: _____

Email Address: _____

Division: _____

Phone Numbers: _____

Country of Passport: _____

Passport Number: _____

DOB: _____

NZ citizen or NZ resident: _____

Club: _____

In submitting this form, you agree to these details being forwarded to the Coaching Panel who may contact you and/or your coach.

If under 16 please provide details of a parent or legal guardian:

Name: _____

Address: _____

Phone number: _____

Email: _____

If you have a representative who is not a parent or legal guardian, a letter from a parent or legal guardian giving permission for that representative needs to be supplied.

Please submit this form along with a copy of your passport and a signed Team Agreement Form to:
selectionpanel@archerynz.co.nz