

ANZ Inter-School Archery



Archery NZ

REGISTRATION FORM

School Name:

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School Address:

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Phone Number:

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Contact Name:

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Email Address:

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

Name of Coach:

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Location of Archery Venue:

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Student's Name:

Yr:

Bow Type:

Student's Name:	Yr:	Bow Type:
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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:

Inter-School Archery, **Maria Tucker**, 9 Kohi Dr, Burwood, Christchurch, 8083 **m.interschool@xtra.co.nz**

(All cheques made out to Archery New Zealand)