

# International Event Selection Registration Form

Please complete this form and return by email to:

Vice President, Archery NZ

Karen Moffatt-McLeod

Email [vicepresident@archerynz.co.nz](mailto:vicepresident@archerynz.co.nz)



# Archery NZ

## IMPORTANT:

1: Complete **ALL** required information

2: Print form, sign and date it before scanning/emailing to address listed above

Event: .....

Event Date:                      dd / mm / yyyy

Selection Closing Date:                      dd / mm / yyyy

Name: .....

Address: .....

.....

Phone: ..... Mobile: .....

Email: .....

Please tick a category in each column below for age group, gender and bowtype:

- |                                 |                                       |                                   |
|---------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Senior       | <input type="checkbox"/> Compound |
| <input type="checkbox"/> Female | <input type="checkbox"/> Junior       | <input type="checkbox"/> Recurve  |
|                                 | <input type="checkbox"/> Cadet        | <input type="checkbox"/> Barebow  |
|                                 | <input type="checkbox"/> Intermediate |                                   |

Please provide qualifying score information below for the number of scores required for the event:

	SCORE 1	SCORE 2	SCORE 3	SCORE 4
Event Name:	.....	.....	.....	.....
Event Date:	.....	.....	.....	.....
Score:	.....	.....	.....	.....
Round:	.....	.....	.....	.....

Signed ..... Date.....