



MOLE VALLEY BOWMEN

31st Sheila Brown Memorial Shoot York/Hereford UK Record Status With Rose Award

Entry Form

CLUB: _____ CONTACT: _____

	MR/MRS MISS/MS JB/JG	NAME OF ARCHER	GNAS NO	H'CAP	BOW TYPE (✓ AS APPROPRIATE)			JUNIOR AGE	PARENTAL CONSENT FOR JUNIOR (Signature)	JUNIOR PREFERRED BRISTOL ROUND*	ENTRY FEE
					REC	COMP	LB				
1											.
2											.
3											.
4											.
5											.
6											.
7											.
8											.
9											.
TOTAL											

* We will do our best to allow juniors to shoot their preferred distances but this will be dependent upon entries.

I enclose a cheque for £____.____ for _____ entries. [Made payable to **MOLE VALLEY BOWMEN** please].

Please tick box if appropriate: We would like a map We would like to be added to a reserve list if necessary We need space allocated for wheelchair archers

ADDRESS: _____

POST CODE: _____ TEL: _____

PLEASE ENCLOSE TWO LARGE STAMPED ADDRESSED ENVELOPES or E-MAIL ADDRESS _____