

# Archery Fit

## Championship 2018

Forename	
Surname	
Archery GB Membership number	
Club or other affiliation	
Gender	
Date of birth	
Nationality	
Bow style	
Right/left handed	
Note any disabilities (incl hearing impairments) and special requirements	
Optional comments	
Contact phone	
Email address	
Date	
Signature	
Signature of parent / legal guardian of Junior under 18 <small>(If approached to for drug testing, I am willing for my child to be tested)</small>	