



CLAIM FOR THE AWARD
of
SENIOR / JUNIOR
MASTER BOWMAN / GRAND MASTER BOWMAN
(please delete as applicable)
FIELD ARCHERY



TITLE (please circle) Mr / Mrs / Ms / Miss / Mstr TEL No.: _____

FULL NAME: _____

ADDRESS: _____

POSTCODE: _____ AGB No.: _____

Please indicate bow style:

	Recurve	Compound Unlimited
Compound Limited	Compound Barebow	Recurve Barebow
Traditional	Longbow	AFB

I submit the following scores in support of my claim with a highlighted copy of the results sheets:

Date shot	Tournament names and venues	Round	Score

Delete or complete the following as necessary:

I have* / have not * previously received a badge for this award.

I am* / am not* classed as a professional archer.

I am*/ am not* taking any substance banned by the Society or by World Archery

*I am taking a banned substance and my drug register number is _____

DECLARATION: I declare that I have read, and agree to comply with, the current Drug Control provisions of Archery GB (SAP-2) and the World Archery Doping Control Procedures, and that all of the information given above is accurate. I understand that if any of this is found to be inaccurate or incomplete this application may be rejected. If any of the information is found to be inaccurate at a later date, I agree that I shall surrender any award given on the basis of that information. I understand that the defined year for these classifications is a calendar year and that a claim received after the end of December will not be accepted.

Signed: _____ Date: _____

DECLARATION TO BE SIGNED BY THE PARENT* / GUARDIAN* OF ANY JUNIOR ARCHER MAKING A CLAIM: I declare that I have read all of the information given above and that it is accurate. I also declare that I have read, and agree that the archer will comply with, all of the statements made by the society on this form.

Signed: _____ Date: _____

Please print full name: _____

Relationship to the archer: _____

Please return to: Archery GB, Lilleshall National Sports Centre, Nr. Newport, Shropshire. TF10 9AT

FOR OFFICIAL USE ONLY

Claim Checked: _____ Date Processed: _____

Date Docs Returned: _____ Award Sent: _____

