



Sutton Bowmen Archery Club

Proudly announces their

UK Record Status Rose Award

6th Birthday Shoot.

On **Saturday 23rd June 2012**

At

Wilmington Academy,

Common Lane,

Wilmington,

Kent. DA2 7DR

Judge in Charge: Mr Neil Dimmock.

Rounds to be shot: **York, Hereford and Bristol I – V** for Junior Gents and Ladies.

Sighters: 10.30 am

Entry Fees: Seniors £8 Juniors £6 Late entry fee: £1

Dress Code: GNAS rule 307 must be adhered to, any archer not complying with this rule will be unable to shoot.

Only members Of ArcheryGB, FITA and BLBS are eligible to shoot.

ArcheryGB cards will need to be shown.

Drug testing: As this shoot is Record Status, archers will be liable for drug testing.

If approached archers who refuse to provide a sample, will have that refusal treated as a positive result.

Juniors must have a signed consent form included with the entry.

Anyone wishing to take photographs or film at this tournament must first register their intent with the tournament organiser to comply with the policy laid down by ArcheryGB.

Restrictions: Field piles or bodkins are not to be used nor may carbon arrows that cannot be located by the use of a metal detector.

Juniors **WILL NOT** qualify for Senior awards.

DISCLAIMER: Sutton Bowmen Archery Club, organisers or Wilmington Academy cannot take any responsibility for any injury, loss of or damage to any equipment or vehicle, howsoever caused.

Closing date: Saturday 9th June 2012

Please send entries to the organiser:

Mandy Hewitt

118 London Road

Horns Cross

Greenhithe

Kent.

DA9 9JX

Sutton Bowmen Web Address: www.freewebs.com/sutton_archers

Email: mandy_karin@yahoo.co.uk Phone: 07939053758



Sutton Bowmen 6th Birthday Shoot

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Entry Form

Mr/Mrs/ Ms/Miss/ Mstr	Name	L/G/J	Bow R/C/LB/ BB	Round	Class	GNAS No.	Fee
Please make cheque payable to: Sutton Bowmen Archery Club						Total:	

From Club: _____

Contact name: _____

Address: _____

Telephone Number: _____ **Mobile:** _____

Email: _____

Entry confirmation target list and results will be sent by email unless two stamped, self addressed C5 envelopes are included for such documents.

PLEASE WRITE CLEARLY.

Parents or Guardians must sign below to give consent to drug testing for Juniors.

Junior Name	Date of Birth	Parent/Guardian name	Parent/ Guardian signature