Archery GB: Youth Judge Programme – Application Form

To book a place please complete and return this form to sport@archerygb.org. If you have any questions please phone 01952 602795.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Club |  |
| Address |  |
| Membership number |  | Date of birth |  |
| E-mail |  | Phone number |  |
| Do you consider yourself to have a disability? | 🞎 Yes | 🞎 No | 🞎 Prefer not to say |
| If ‘yes’, what is the nature of your disability? | 🞎 Hearing🞎 Learning🞎 Mobility | 🞎 Multiple🞎 Physical🞎 Visual | 🞎 Prefer not to say🞎 Other |
| What is your experience of archery? |
|  |

**Declaration**

I confirm that the information given on this form is correct.

I understand and agree to the conditions of the bursary as set out in the ‘Bursary Guidance’, and understand that Archery GB reserves the right to withhold or reclaim grants should the conditions/ criteria not be met.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| If you are under 18 your parent/guardian needs to support your application. And all communication will be with the parent/guardian |
| Parent/Guardian Signature |  | Name |  |
| Email |  |