



## Target Archery Award Claim (MB/GMB)

<b>FULL NAME</b>	
<b>ARCHERY GB NUMBER</b>	
<b>BOWSTYLE</b> (Please circle)	RECURVE / COMPOUND / LONGBOW / BAREBOW / CROSSBOW
<b>AWARD CLAIMED</b> (Please Tick)	Junior Master Bowmen – U12 <input type="checkbox"/> Master Bowmen <input type="checkbox"/> Junior Master Bowmen – U14 <input type="checkbox"/> Grand Master Bowmen <input type="checkbox"/> Junior Master Bowmen – U16 <input type="checkbox"/> Master Arbalist <input type="checkbox"/> Junior Master Bowmen – U18 <input type="checkbox"/>

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

DATE SHOT	UK/WRS TOURNAMENT NAME	ROUND	SCORE	Record Status
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 not taking any substance banned by Archery GB or by WA

\*I am taking a banned substance and my drug register number is: \_\_\_\_\_

**DECLARATION:** I have read and agree to comply with the current Drug Control provisions of Archery GB (SAP-2) and the WA Doping Control Procedures, that all of the information given above is accurate and 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 will 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 any claim received after the 31 of December may 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 this is accurate. I also declare that I have read and agree that the archer will comply with all of the statements made by the Archery GB on this form.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_

Relationship to the archer \_\_\_\_\_

Please return by post to:  
 Archery GB ,c/o Awards officer, Lilleshall National Sports Centre, Near Newport, Shropshire. TF10 9AT  
 Or by email to [enquiries@archerygb.org](mailto:enquiries@archerygb.org)

**FOR OFFICIAL USE ONLY**

Claim Checked:.....

Date Processed:.....

Award Sent: .....