SAA HIGH PERFORMANCE TEAM APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE #: _____ EMAIL: _____

DATE OF BIRTH: _____ (Day/Month/Year) AGE: _____

CLUB: _____

EQUIPMENT CATEGORY: _____

Previous Year's Scores:

Target Club Shoot: _____ Avg. Arrow Value: _____ Date Achieved: _____

Target Club Shoot: _____ Avg. Arrow Value: _____ Date Achieved: _____

Target Club Shoot: _____ Avg. Arrow Value: _____ Date Achieved: _____

Target Indoor Provincial: _____ Avg. Arrow Value: _____ Date Achieved: _____

Target Outdoor Provincial: _____ Avg. Arrow Value: _____ Date Achieved: _____

Field Provincial: _____ Avg. Arrow Value: _____ Date Achieved: _____

Top JOP Scores:

1st: _____ 2nd: _____ 3rd: _____

Date Achieved: _____ Date Achieved: _____ Date Achieved: _____

SIGNATURE: _____ DATE: _____

Required if Archer is under 18 years of age:

PARENT/GUARDIAN NAME(s): _____

SIGNATURE: _____ DATE: _____

Email completed application form to: info@saskarchery.ca