



## SAA 3D PROVINCIAL TEAM APPLICATION

NAME:

ADDRESS:

CITY:

POSTAL CODE:

PHONE #:

EMAIL:

DATE OF BIRTH:

(Day/Month/Year)

AGE:

CLUB:

EQUIPMENT CATEGORY:

Previous Year's Scores:

3D Club Shoot:

Avg. Arrow Value:

Date Achieved:

3D Club Shoot:

Avg. Arrow Value:

Date Achieved:

3D Club Shoot:

Avg. Arrow Value:

Date Achieved:

3D Indoor Provincial:

Avg. Arrow Value:

Date Achieved:

3D Outdoor Provincial:

Avg. Arrow Value:

Date Achieved:

SIGNATURE:

DATE:

Required if Archer is under 18 years of age:

PARENT/GUARDIAN NAME(s):

SIGNATURE:

DATE:

**Please include copies of score cards or snapshots for all scores listed above.**

Email completed application form to: [info@saskarchery.ca](mailto:info@saskarchery.ca)