



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