



NATIONAL CROSSBOW FEDERATION OF GREAT BRITAIN ENTRY FORM

SHOOT VENUE _____

SHOOT DATE _____

ROUND _____

NAME _____

COUNTRY _____

EMAIL _____

(FOR CONFIRMATION, ENTRY FEE, OTHER INFORMATION AND DIRECTIONS)

TICK IN THE BOX AS APPROPRIATE

MALE	<input type="checkbox"/>
FEMALE	<input type="checkbox"/>
JNR	<input type="checkbox"/>
ADULT	<input type="checkbox"/>
SENIOR	<input type="checkbox"/>
ASSISTED	<input type="checkbox"/>
TARGET BOW	<input type="checkbox"/>
STANDARD SPORT BOW	<input type="checkbox"/>
FREESTYLE SPORT BOW	<input type="checkbox"/>
MEDIEVAL BOW	<input type="checkbox"/>

All shoots start at 10:30h unless specified by the organiser.