

DVAC Easter Shoot

Complete all *mandatory* information and Circle the required option

Mandatory Info ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓	GNAS No:	
	Title:	Mr - Mrs - Miss - Master - Other:
	Full Name:	
	Club:	
	County and Region:	
	Bow type:	BB - Rec - Trad - CUL - CL - CompBB - LB
	Fee:	
	Address:	
Mandatory for Juniors	Contact Details:	
	Jnr. D.O.B:	
	Junior Category:	U12 - U15 - U18
	Peg Colour:	Red - Blue - White
I agree to my child undertaking a test for drugs if they are approached at this tournament		
Signed, Parent/Guardian. (delete as appropriate)		

Mandatory Info ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓	GNAS No:	
	Title:	Mr - Mrs - Miss - Master - Other:
	Full Name:	
	Club:	
	County and Region:	
	Bow type:	BB - Rec - Trad - CUL - CL - CompBB - LB
	Fee:	
	Address:	
Mandatory for Juniors	Contact Details:	
	Jnr. D.O.B:	
	Junior Category:	U12 - U15 - U18
	Peg Colour:	Red - Blue - White
I agree to my child undertaking a test for drugs if they are approached at this tournament.		
Signed, Parent/Guardian. (delete as appropriate)		

Mandatory Info ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓	GNAS No:	
	Title:	Mr - Mrs - Miss - Master - Other:
	Full Name:	
	Club:	
	County and Region:	
	Bow type:	BB - Rec - Trad - CUL - CL - CompBB - LB
	Fee:	
	Address:	
Mandatory for Juniors	Contact Details:	
	Jnr. D.O.B:	
	Junior Category:	U12 - U15 - U18
	Peg Colour:	Red - Blue - White
I agree to my child undertaking a test for drugs if they are approached at this tournament		
Signed, Parent/Guardian. (delete as appropriate)		

Mandatory Info ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓	GNAS No:	
	Title:	Mr - Mrs - Miss - Master - Other:
	Full Name:	
	Club:	
	County and Region:	
	Bow type:	BB - Rec - Trad - CUL - CL - CompBB - LB
	Fee:	
	Address:	
Mandatory for Juniors	Contact Details:	
	Jnr. D.O.B:	
	Junior Category:	U12 - U15 - U18
	Peg Colour:	Red - Blue - White
I agree to my child undertaking a test for drugs if they are approached at this tournament.		
Signed, Parent/Guardian. (delete as appropriate)		