

# RED KITE ARCHERS SHOOT

Bow types B/B, Rec.Trad, C.U/L. CL. CompBB/L/B

Titl	Name	Sen/Jnr.	Peg	GNAS No	Bow	Fee.	

**Total Cost.**

I agree to my child undertaking a test for drugs if they are approached at the tournament.

Signes, Parent/guardian, (delete as appropriate)

**Club Name**

**County and Region.**

**Contact Name , Address , Phone no. email address**