Hinchingbrooke Archery Club
Course Form

Name ……

Address ……..

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Contact Telephone Numbers : Home ……..

Mobile …… Email ……..

Week 1.. Week2 .. Week 3 .. Week 4 .. Week 5 .. Week 6 ..

I confirm that I am not a member of GNAS. If I am not a GNAS Member then I agree to join GNAS, Region and County on the 6th session should I wish to shoot again. I acknowledge that I understand this is required for insurance purposes. I agree to be coached.

Signed …….

Bow Weight …… Bow Length ……. Bow Make/Model …….

Arrow Length …….. Size……. Fletch colours…….....

Bow No ……. **L/H / R/H**

Coaching Notes.

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