**ENTRY FORM**

**Deadline for submission 5th March 2021**

**Email:** [**classification@archery.sport**](mailto:classification@archery.sport)

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| --- | --- | --- | --- |
| NATIONAL FEDERATION |  | | |
| FIRST NAME |  | LAST NAME |  |
| DATE OF BIRTH |  | NATIONALITY |  |
| OCCUPATION |  | EDUCATION\* |  |
| EMAIL (mandatory) |  | PHONE NR. (optional) |  |
| **Describe your work experience in archery and how this supports your intention to become a national classifier (Short description)** | | | |
|  | | | |
| **Why do you require to become WA National classifier? (Short description)** | | | |
|  | | | |

*\*NOTE – Medical background of attendant is required (physiotherapist, occupational therapist, medical doctor)*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and signature of authorised person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_