



County and Open Indoor Championships 2009 FITA 25

(Shot on Vertical Triple Faces)
WORLD RECORD STATUS

SUNDAY 29th NOVEMBER 2009

Venue: Redborne Community College, Flitwick Road, Ampthill, Beds.
 (Maps on request).

Sessions: A: 9.15am B: **FULL** C: 4.00pm
There will be two timed ends of practice arrows.

Judges: Mrs Katy Lipscomb, Mr Brian Dunlop & Mr Mark Stuart

Fees: £8.00 per single round (Please make cheques payable to Beds County A.A.)

Entries to: Barry Wiseman, 38 Ampthill Road, Maulden, Beds MK45 2DH. Telephone No: 01525 634615
 (Enclose two large SAEs for Target Lists and Results or give clearly your e-mail address)

Closing Date: 14th November 2009 for Target List. No refunds after this date. Telephone above number for late entry.

Conditions of Entry: The shoot will be conducted under GNAS rules and dress rule 307 will apply.
 This shoot will be liable for drugs testing. Competitors approached to give samples must comply and any refusal will be treated as a positive result
 Where an entry form contains one or more junior entries, the parent or legal guardian of **each** junior archer must countersign the form to signify consent to the junior being tested if so approached.
 GNAS numbers must be included in the entry, or proof that affiliation fees have been paid will be required before shooting commences.

Bedfordshire County Archery Association, Redborne Community College and their agents and servants can accept no responsibility for any loss, damage or injury howsoever caused. Entry to the tournament will be taken as acceptance of these conditions by all competitors.

FITA 25 Metres 2009 Reminder - Parents must sign below if this form contains junior entries.
 Please indicate your preferred choice of session plus an alternative in case your first choice is already full. Married couples (Recurve or Compound) please tick column marked M/C. Please indicate Junior or Senior archer in column JNR/SNR. (Junior archers may shoot as a senior if they so wish).

Miss Mrs. Mr. Mstr.	FORENAME	SURNAME	CLUB	GNAS NO:	JNR SNR	BOW TYPE	Tick M/C	Tick W/C	A	B	C	FEE
Total fee enclosed:												

I/We agree to my/our children undertaking a test for drugs if they are so approached at this tournament

SIGNED _____

Contact name, address, telephone number & e-mail address.

Map required Yes/No