Clophill Archery Club
15th Open Junior Portsmouth
Record Status

Lady Paramount: TBA
Judge: Mr Brian Dunlop
Venue: Alameda Sports Hall, Woburn Road, Ampthill. Bedfordshire. MK45 2HX
Date: **Saturday 6th March 2010**
Faces: Single Spot for all bow styles (triple spot available on request).
Entry Fee: £7.50 per session per archer.
Session:

	Assembly	Sighters
A	12:00pm	12:15pm
B	3pm	3:15pm

Entries to: **Ms Suzi Bredin, 60 St Micheals Cresent, Luton. LU3 1NA**
Phone: **07826787513**
E-mail: junior.tournaments@clophillac.co.uk
Closing Date: 20th February 2010 (Or when full)
Late Entries: Subject to available space.
Cheques: Payable to: Clophill A. C.
Awards: Will vary depending on entries, but at least the following:

REC	*BOY*	*GIRL*	**COMP**	*BOY*	*GIRL*	***G/F B/Bow***	*BOY*	*GIRL*
U18	1st & 2nd	1st & 2nd	*U18*	1st & 2nd	1st & 2nd	*U18*	1st	1st
U16	1st & 2nd	1st & 2nd	U16	1st & 2nd	1st & 2nd	U16	1st	1st
U14	1st & 2nd		U14	1st & 2nd		U14	1st	
U13		1st & 2nd	U13		1st& 2nd	U13		1st
U12	1st & 2nd		U12	1st & 2nd		U12	1st	

Team Awards for Recurve and Compound: Any 3 Archers from same club.

Notes:
1. Longbows welcome and awards will be available according to entry.
2. The shoot is open to all G.N.A.S. affiliated junior archers.
3. Backstop netting will be provided.
4. G.N.A.S. Dress regulations Rule (307) apply and will be enforced.
5. G.N.A.S. numbers must be included on the entry form. Any archer failing to do so will be required to produce their card on the day, before shooting. If an archer is awaiting their card, they must have proof from their club that their affiliation fees have been paid.
6. Target list & results will be posted on www.clophillac.co.uk or sent via email if legible address supplied.
7. Clophill Archery Club, Ampthill Town Council and their agents or servants cannot accept any responsibility for any loss, damage or injury. Entry to the tournament will be considered acceptance of these conditions.

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ENTRY FORM

M / F	Name	Club	Session	Age on 6/3/10	Round	GNAS Number	Bow Type	Entry Fee

Total Fee £ _____

Signature(s) for Junior drug testing:

Your Contact Name and Address:

Telephone Number:

E-Mail Address (Please use block caps)