



Archery Western Australia

Affiliated with Archery Australia

State Record Claim Form

Archer Details

Name: AWA no:
AWA Number must be provided

D.O.B. Division
Date of Birth must be included (dd/mm/yy)

Bow Type

Club Details

Name of Club

Date On which record shot (dd/mm/yy)

Number of Archers Shooting

Venue/Place Record Shot

Record Claim Details

Round being claimed Score:

Class/Classes being claimed Place a in the box being claimed (click on Box)

| | | | |
|---------|--------------------------|--------------|--------------------------|
| Open | <input type="checkbox"/> | 20 & Under | <input type="checkbox"/> |
| Master | <input type="checkbox"/> | Cadet | <input type="checkbox"/> |
| Veteran | <input type="checkbox"/> | Intermediate | <input type="checkbox"/> |
| | | Cub | <input type="checkbox"/> |

More than one Class can be claimed in accordance to AA Rules.

Declaration:

I hereby advise that the above information is true and correct and that the round was shot in accordance with the rules.

Recorders Name:

Signature:

Date submitted to State Recorder (dd/mm/yy)

**Please ensure that relevant score sheet is attached to claim form.
Emailed scanned copies of this form and score sheet will be accepted**