**ENTRY FORM**

**Deadline for submission 5th March 2021**

**Email:** **classification@archery.sport**

|  |  |
| --- | --- |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_