

Liffey Archers

Beginners Course Application Form

Date of Commencement of Beginners Course: _____

Please print details clearly:

Name : _____

Bow Number: _____ Right or Left Handed: _____



Address: _____

Official use only
Members Photo

Home Phone: _____ Mobile: _____

E-mail: _____

Medical History: _____

Place a  for attendance or please place an  for a no attendance.

Weeks Completed	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Coaches Use Only!

Declaration: *I, the undersigned, agree to abide by the rules of this club and the Archery Ireland Association (AI) for the duration of this beginners course.*

Signature: _____ Date: _____

Signature of Parent or Guardian if under 18: _____

Please note that beginner applications must be accompanied by 1 Passport size photograph.