



# Wymondham Archers

## Beginners Course Application

Please complete this form in **CAPITALS**

Course No.....

Name (Mr. Mrs. Miss. Master. Ms. Other): .....

Address: .....

..... Postcode: .....

Tel: Home..... Mobile.....

E-mail: .....

Date of birth DD/MM/YYYY ..... Left or Right Handed.....

**Please outline any injuries and any medical, behavioural, mental or any other conditions of which you think we should be aware of:** .....

.....

Signature of applicant: ..... Date: .....

Emergency contact details: Name: ..... Tel: .....

**For Juniors (Under 16) a parent/guardian must be present throughout the course.**

Signature of parent/guardian..... Date: .....

Cheques payable to: Wymondham Archer 2 or Transfer to Wymondham Archers 2, 20-45-45 40391328 please use surname as reference, with BC after. Please return form to: Peter Hill, 15 Fern Drive, Cringleford, Norwich, Norfolk NR47JT, or email to [chairwymondhamarchers@gmail.com](mailto:chairwymondhamarchers@gmail.com)

We may wish to contact you if you are happy for us to do so using these methods please tick,

Email  Phone

How did you find out about this course?

Friend  Social Media  Poster/Leaflet  Other .....

This information is for our use only and will not be passed onto any 3<sup>rd</sup> party. We will only keep it for 1 Year.

**For completion by Lead Coach, Secretary or Treasurer**

Fee ..... Payment Method .....

Received By..... Signature ..... Date.....