

Chairman's Charity Shoot 2026

Club:

Contact No:

Name	Club Membership No	M/F	Sen/Jun	Rec/Comp/LB/BB	Round	Food Qty Allergies?	Fee (including food)

Total:

Email: _____

I agree for information given on this form to be used for the running of this event and used for the publication of target lists and results. Please tick:

Signature of Parent/Guardian for junior entrants: _____

ENTRIES on official entry form only to events@norfolkbowmen.co.uk

PAYMENT: Cheque, Cash or Bank Transfer
Norfolk Bowmen 30-96-17 04100447

www.norfolkbowmen.co.uk

All archers entering Norfolk Bowmen events are covered under the Norfolk Bowmen, Hiscox Insurance policy, for the duration of the event