

## **Bowbrook Archers Portsmouth Competition**

**Date:** Sunday 16<sup>th</sup> February 2025

**Venue:** Bowbrook Archers Indoor Range, Withington, SY4 4PS

**Judge:** TBC

**Lady/Lord Paramount:** TBC

**Round:** Single/Double/ Portsmouth

**Fee:** £7 Per Session

Places secured once payment received.

### **Awards:**

Individual- For each category, medals will be awarded for the highest scores. Only the first session an archer shoots can go towards the awards.

Novice- All novices should confirm they are a novice on our entry form. Only the first session an archer shoots can go towards the awards. For this competition, a novice is someone who has been shooting for under 1 year.

### **Sessions:**

A – Registration: 8:30 onwards, Sighters 9:30am

B - Sighters 1pm

Timings subject to finish times, but won't start before stated time.

|                 |   |
|-----------------|---|
| <b>Rules:</b>   | All ArcheryGB rules of Shooting will apply, including dress code and timing.                |
| <b>Targets:</b> | All archers will shoot on single 60cm face unless request is made to use a triple spot face |
| <b>Medals:</b>  | Medals will be given out at the end of the day once every session has been shot.            |

|                          |  |
|--------------------------|--|
| <b>Entries:</b>          | Closing date Sunday 9 <sup>th</sup> February 2025, unless full beforehand.<br>Please submit all entries to: <a href="mailto:lprawlings@hotmail.com">lprawlings@hotmail.com</a>   |
| <b>Payment:</b>          | Reference: Ports + surname"<br>Sort code: 77-27-10<br>Account: 34850960                      Cheques payable to "Bowbrook Archers Ltd"   |
| <b>Target List:</b>      | The target list and any other information will be emailed to all entrants a few days before the event  |
| <b>Refreshments:</b>     | Hot & Cold refreshments will be available on the day   |
| <b>Photography:</b>      | Those who wish to take photographs at this event are to register with the tournament organiser on arrival. PARENTS AND GUARDIANS: please be aware that by entering your child you are also accepting that photographs may be taken at the event by authorised photographers. If you do not wish photographs of you or your child to be used in this way, please enter N under 'photo's' on the Entry Form. Otherwise, you accept this situation, and you give permission for this to happen. |
| <b>Data protection:</b>  | The following information may be collected and shared with tournament organisers, scoring systems and other competitors (for example, Target Lists and Results may be published):<br>First and Surnames, Gender, Bow Style, Date of Birth / Age category, Email, Address, telephone number, Club, County/Region, Round, Disabled Y/N, Disability info of necessary).   |
| <b>Disabled archers:</b> | Should notify the organiser of the nature of their disability and any special requirements, e.g. use of wheelchair or stool for shooting and/or the need to remain on the shooting line. If you are visually impaired, do you need a spotter? The organisers Will do their best to accommodate you and meet your requirements.   |

## Bowbrook Archers – Portsmouth Entry Form

Request 3 spot face (recurve/longbow/barebow): .....

| Name                | Lady,<br>gent,<br>Junior<br>Lady,<br>Junior<br>gent<br>(DOB if<br>junior) | Club                | Bowtype<br>(RC/LB/C<br>/BB) | AGB No. | Session?<br>A,B, or<br>more than<br>one | Need<br>to<br>stay<br>on the<br>line?<br>(y/n) | Novice<br>(Been<br>shootin<br>g for<br>under 1<br>years) |
|---------------------|---|---------------------|-----------------------------|---------|---|--|--|
| E.g.<br>John<br>Doe | JNR<br>gent<br>1/1/201<br>0   | Bowbrook<br>Archers | RC                          | 1234567 | A and B                                 | N  | Yes  |
|                     |   |                     |                             |         |   |  |  |
|                     |   |                     |                             |         |   |  |  |
|                     |   |                     |                             |         |   |  |  |
|                     |   |                     |                             |         |   |  |  |
|                     |   |                     |                             |         |   |  |  |

Signature of Parent or guardian of Junior:

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Disabled Archers: Please state your needs

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Are you able to move on/off the line in the time allowed? .....

**Able Bodied Archers:**

Please tick if you are NOT prepared to collect and score arrows for disabled archers.

Do you intend to bring an assistant? Y/N

|                       |  |            |  |
|-----------------------|--|------------|--|
| Emerg<br>ency<br>Tel. |  | Em<br>ail: |  |
|-----------------------|--|------------|--|

Please email entries to: [lprawlings@hotmail.com](mailto:lprawlings@hotmail.com)

Entry will not be confirmed until payment has been received.