

KESTRELS ARCHERY CLUB 18th PORTSMOUTH TOURNAMENT Single and Double Rounds Sunday 13th October 2024



Venue.	Stratton Leisure Centre, Eagle Farm Road, Biggleswade, SG18 8JH (map sent on request)					
Round:	Portsmouth. Single and Double Rounds. (Five dozen arrows at twenty yards to a 60cm face)					
Judges:	Pat Kerrigan. Brian Dunlop.					
Lady P:	tba					
Assembly:	Session 1. 9–15am. Session 2. 12–30pm. Session 3. 15–30pm.					
Sighters:	After Assembly					

Awards for first place **Rec.** Gent; Lady; Jun. Gent; Jun. Lady; Team; **Comp.** Gent; Lady; Jun. Gent; Jun. Lady; Team; **Longbow**, **Barebow** Medal awards will be dependent upon entry.

Please note; Senior Compound archers will shoot on a 3 spot face. Junior Compound archers will shoot on a 3 spot face unless a single spot is requested. Please go to the Tournaments page of the Kestrels web site (<u>http://www.kestrelsarchery.org/tournaments.html</u>) to see Kestrels medals awards policy.

- **Entry Fee:** £10-00 per archer single round. £18-00 per archer double round.
- Entries to: Michael Klein, The Managers House, High Barns Farm, Roxton, .MK44 3ET, Tel.07879-813107. archerytournament@btinternet.com
- Payments: BACS Payment: Kestrels Archery Club Sort code: 20-74-81 Account Number: 10516309. Payment by cheque to Kestrels Archery Club PLEASE USE REF SDP24 and your surname

Closing Date: 04th October 2024 or when full. (No refunds after closing date)

Kestrels Archery Club, Stratton Trust Leisure, their agents or servants cannot accept responsibility for any loss, damage or injury. G.N.A.S. card must be produced on request. Compliance with Dress Rule 307 is requested.

In keeping with G.N.A.S. Child Protection policy, anyone wishing to take photographs at the event must register with the tournament organiser.

Note. By entering this tournament you have agreed that your competition results may be published by the club and passed to affiliated archery organisations, for example Archery GB.

Name	Club	Sen Jun	Gent Lady	M/C	Bow	1or3 spot face	W/C	Sess	A G B No.	Fee

TOTAL FEE: _____

Name, address, and telephone number of point of contact: