

Grand National Archery Society

National Judge Committee

Application for Appointment as Candidate Judge

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other _____
First Name(s) _____		Last Name _____	
Address _____			
			Post Code _____
Telephone No. _____		Email _____	
Mobile No. _____		Date of Birth _____	
Club _____			
GNAS No. _____		County _____	Region _____

1	Please state the number of years you have been involved in Archery _____		
2	Please state whether you are willing to travel outside your county? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3	Have you your own means of transport? Yes <input type="checkbox"/> No <input type="checkbox"/>		
4	Have you a knowledge of the rules? G.N.A.S Yes <input type="checkbox"/> No <input type="checkbox"/> F.I.T.A Yes <input type="checkbox"/> No <input type="checkbox"/>		
5	Are you an active shooting archer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
6	Do you hold, or have you held, any Club, County, Regional or National Office? If so, please state details and period held. _____ _____ _____		
7	I wish to become a Candidate Judge in the discipline of - Target <input type="checkbox"/> Field <input type="checkbox"/> (tick as required)		
8	Any other relevant information should be added to the reverse of this form.		
Signature _____		Date _____	

PLEASE COMPLETE USING BLOCK CAPITALS

For Official Use only

Date Received by County Association _____	
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	and forwarded to the Regional Judge Liaison Officer
Date _____	Signature _____
	Chairman of County Association

Date Received by Regional Judge Liaison Officer _____	
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	appointment Confirmed <input type="checkbox"/> Not Confirmed <input type="checkbox"/>
Date _____	Signature _____
	Regional Judge Liaison Officer

N.B. No Form to be signed by the Applicant themselves in the official use section