



LEONIE GEORGE MEMORIAL SHOOT

COUNTY OF SURREY ARCHERY ASSOCIATION

TWENTY FIFTH OPEN FIELD ARCHERY CHAMPIONSHIPS

RECORD STATUS



- DATE Sunday 1st November 2009
- VENUE High Ashurst Activity Centre, Mickleham, Dorking, Surrey  
RH5 6DQ
- ROUND National Animal Round. Shot under GNAS rules of shooting One unit of 16 targets  
shot twice from different pegs
- LADY PARAMOUNT Miss Andrea Beddard
- JUDGES Mr D Lovell, Miss H Brown, Mr S Bartosz
- ENTRY FEES Seniors £7.00 Juniors £4.00: numbers limited enter early
- CLOSING DATE 26<sup>th</sup> October 2009
- RESULTS SHEET Please enclose S.A.E with entry if required
- AWARDS Ladies & Gentlemen, Boys and Girls, Shooting Recurve, Barebow, Traditional,  
Longbow, Compound Barebow, Compound Limited & Compound Unlimited
- EQUIPMENT Sorry, no crossbows allowed. The use of binoculars is permitted
- LIABILITY Neither the C.S.A.A. nor the Surrey County Council can accept liability for any  
property left at the Centre.
- CATERING Plenty of food and drink available all day
- ASSEMBLY Assemble at 9.00 am when details of the shooting will be given
- DOGS STRICTLY NO DOGS ALLOWED
- DRUG TESTING Record status shoots will be liable for drug testing and competitors approached to give  
samples must comply; if they refuse, that refusal will be treated as a positive result

Entry forms and fees should be sent to:  
 The Tournament Secretary:  
 Mrs Pauline Swift, 9 Erica Way, Copthorne, West Sussex, RH10 3XG Telephone 01342 712 689

County of Surrey Archery Association Twenty Fifth Open Field Championships

CLUB..... COUNTY.....

TITLE	Name (Block Letters)	GNAS No.	Age on day of shoot if under 18	STYLE	FEE

Total Fees:

Please make cheques made payable to C.S.A.A.  
 Name, Address and Telephone No. for any correspondence.

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If your Son/ Daughter has requested entry to a Record Status Archery Tournament we should point out that under GNAS rules they may be requested to provide a sample for drug testing purposes by a “Doping Control Officer” appointed by GNAS

To prevent any confusion, would you complete the form below (As consent).

Please detach below this line and return.

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NAME & DATE OF TOURNAMENT.....

NAME OF CLUB.....

NAME OF JUNIOR & ADDRESS.....

.....

I agree to my Son/Daughter providing a sample for Drug Testing Purposes by a Doping Control Official

Parent or Guardians  
Signature

Date

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