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**2019 – 2020 ABAM PROVINCIAL 3D TEAM REGISTRATION**

**Last name: First Name:**

**Address: City:**

**Postal Code: Home Phone:**

**Cell Phone: Email:**

**Birthdate:** \_\_\_\_\_\_ **/**\_\_\_\_\_\_\_ **/**\_\_\_\_\_\_\_\_\_\_

**day / month / Year**

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relation

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment Classification:**

**Age Category:**

**Quantity of Team Shirts (1st Shirt is no cost, $40 per additional shirt):\_\_\_\_\_\_\_\_\_\_ Shirt Size:**

**Please List below your top Three (3) scores for eligibility criteria:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tournament Name/Round** | **Date** | **Location** | **Score** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Total Average** |  |

**Registration Deadline Tuesday July 2, 2019**

Registration can be submitted any time prior to the deadline, following the completion of an archers Minimum Qualifying Scores within the criteria dates as listed in the team program documents.