

## **Expression of Interest**

## Archery Australia National Para Program

| Please fill out the below information to express your interest in being considered for the<br>Archery Australia National Para Program |          |
|---|----------|
| Full Name and DOB:  |          |
| Email Address:  |          |
| Mobile Phone:   |          |
| Current Club, Coach and Age Division<br>e.g. W1, Open/Junior/Cadet/Other:   |          |
| Classification Details (eg dates,<br>classification type, review):  |          |
| National Representation Details:  |          |
| <b>3 best QRE or International scores (1<sup>st</sup> July to 31<sup>st</sup> December 2024)</b>                                      | 1.       |
|   | 2.<br>3. |
| Further Comments:   |          |

Please return this form by 1<sup>st</sup> January 2025 to nationalteams@archery.org.au



