



May 15 • 21 - 2015 • Tijuana, B.C. México

Individual Registration Form

General Formulation for Individual Registration- Must be filled out for EACH archer participating.

Athletes not part of a country's official team please fill out a form for each individual participant.

Name of Athlete:

Address:

City: State: Zip Code

Country: Date of Birth

University Name:

Phone: Cell Phone:

E-mail Address:

Please assign the appropriated Discipline and Category for each individual:

MALE _____ FEMALE _____

COMPOUND _____ RECURVE _____

By signing below you certify that information is true and accurate. You confirm your registration and the commitment to attend and cover event registration fee.

Registrant Signature: _____ Date: _____

Please fill out and submit form to the State Archers Association of Baja California, arquerosdebaja@gmail.com. Registrations must be made by sending forms.



Registration of Official Technical Team for Country/Association

Name of Association:

Address:

City: State:

Country: Zip Code:

Country Code:

Phone Number: Fax Number:

E-mail Address:

TECHNICAL TEAM				
No.	Name(s)	Last Name(s)	Division	Function
1				
2				
3				
4				
5				
6				

SIGNATURE: _____
President/ Delegate



Inscription of Official Teams for Country/Association

Name of Association:

ADULT OPEN FEMALE RECURVE			Date Of Birth		
No.	Name(s)	Last Name(s)	Day	Mon.	Year
1					
2					
3					
4					

ADULT OPEN FEMALE COMPOUND			Date Of Birth		
No.	Name(s)	Last Name(s)	Day	Mon.	Year
1					
2					
3					
4					

ADULT OPEN MALE RECURVE			Date Of Birth		
No.	Name(s)	Last Name(s)	Day	Mon.	Year
1					
2					
3					
4					

ADULT OPEN MALE COMPOUND			Date Of Birth		
No.	Name(s)	Last Name(s)	Day	Mon.	Year
1					
2					
3					
4					

SIGNATURE: _____

President/ Delegate

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