

## Colorado State JOAD Records Claim form

Athlete Name	
USA Archery Membership Numbe	er:
JOAD Club:	
Date of Birth:	Gender:
Age Division:	
Bow Type:	
Event Name:	<del> </del>
Event Date:	<del> </del>
Event Location:	
Complete the section below for each re	ecord that you are claiming from this event:
Indoor 300 Round Record: Previous Record:	New Record:
Indoor 600 Round Record:	
Previous Record:	New Record:
Outdoor 72 Arrow Round Record:	
Previous Record:	New Record:
Outdoor 144 Arrow Round Record:	
Previous Record:	New Record:

Send Completed forms to Colorado State Coordinator:

kevin@youtharcheryacademy.net