



Bhutan Archery Federation

Langjophaka; Thimphu/ Kanglung; Trashigang

Official Use only

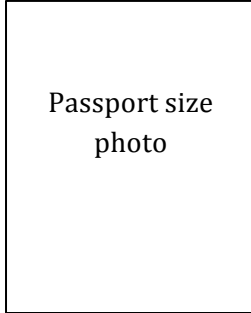
Serial No: _____

Date: _____

Venue: _____

THE BAF SCHOOL COACHING COURSE

REGISTRATION FORM



Passport size
photo

Name: _____

Date of Birth: _____

Village: _____

Gewog: _____

Dzongkhag: _____

Present Address (mailing address/care of/ place of residence):

Contact Details (mandatory to fill in):

Mobile # _____ Fixed Phone#: _____

Email: _____

Class and School:

Physical Details: Height (cm) _____ Weight (kg): _____ BMI (Official use): _____

Have you played any form of archery? Please tick the answer

1. No:

2. Yes: If 'yes', what kind of archery style? Please tick the answer/s:

Traditional on the cane/bamboo bows:

Traditional on the compound bows:

Olympic/ international style on recurve bows:

International style on compound bows

Are any of your ancestors known for their skill in archery?

1. Yes:

2. No:

Have you participated in archery coaching camps conducted by BAF before?

1. No:

2. Yes: If 'yes', when? _____

←● Please attach proof of age (birth certificate/ citizenship ID Card) ●→