



Trinidad and Tobago Target Archery Federation Bow Registration Form

NOTE

The completed bow registration form must be returned to the General Secretary accompanied by a copy of the stated national identification and any other supporting documents.

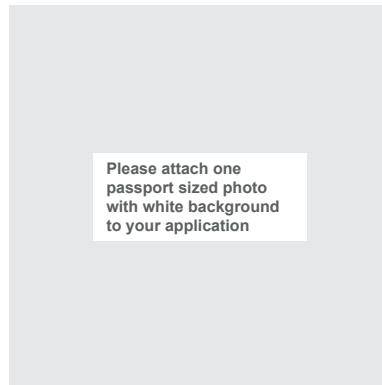
Personal Information

NAME		Surname		First name		Other	
DP/ID/PASSPORT NUMBER	TEL	Cell	Home	EMAIL			
ADDRESS							

Bow Information

BOW TYPE		MAKE (e.g. HOYT)		MODEL (e.g. Vantage)			
<input type="checkbox"/> Recurve		<input type="checkbox"/> Compound					
SERIAL NUMBERS		Riser		Limbs		COLOUR	
ARE YOU THE FIRST OWNER?		IF NO & PURCHASED IN 2015 OR AFTER PLEASE STATE PREVIOUS OWNER AND ATTACH A COPY OF THE RECEIPT					
<input type="checkbox"/> Yes		<input type="checkbox"/> No					

PHOTO IDENTIFICATION



TERMS OF AGREEMENT

I hereby declare that the information given is accurate and that I have completed the form to the best of my ability. I understand that this registration is non-transferable and upon sale of the bow will notify the Trinidad and Tobago Target Archery Federation.

The bows new owner will then fill out and submit the bow registration form and attach a copy of proof of purchase.

By signing you hereby agree to the above listed terms of agreement.

NAME (in block)	SIGNATURE	DATE
-----------------	-----------	------

For applicants below eighteen (18) years

PARENT/GUARDIAN'S NAME (in block)	SIGNATURE	DATE
-----------------------------------	-----------	------

OFFICIAL USE ONLY

APPLICATION RECEIVED - DATE		SIGNATURE OF RECIPIENT					
DATE ENTERED		SIGNATURE					
TAG ISSUE DATE	TAG NUMBER	SIGNATURE ISSUER	SIGNATURE RECIPIENT				
NOTES							