



Colorado JOAD Records Claim form

Athlete Name _____

USA Archery Membership Number: _____

JOAD Club: _____

Date of Birth: _____ Gender: _____

Age Division: _____

Bow Type: _____

Event Name: _____

Event Date: _____

Event Location: _____

Complete the section below for each record 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:

jim.d.flores@gmail.com