

On-line Intensive Clinic Application Form

Application has to be filled out by member association and an archer. Please write details in every blank below.

■ Information of your Member Association

1.Member Association	Hong Kong Archery Association
2.Contact person	Name: (fill in by HCAA)
	E-mail: hcaa@archery.org.hk
	Mobile: (fill in by HCAA)

■ Information of the applicant (archer)

1.Division	<input type="checkbox"/> Recurve	<input type="checkbox"/> Compound
2.Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
3.Name:		
4.Nationality:		
5.Birth Date	(DD/MM/YYYY)	
6.Contact information	E-mail:	
	Mobile:	
7.Are you a member of National team in 2021?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.Are you qualified as Olympic entry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.Archer Since	(YYYY)	
10.Best score 2019 & 2020 (70m OR 50m round)		

<p>11.Event experience & results</p>	<p>e.g) -2018 Asia cup stage 2/ individual 8th -2019 ooo National event/ team 3rd</p>
<p>12.Main goal of this program (Please write details)</p>	<p>e.g.) preparation for Asian championships To be selected by national team member</p>
<p>13.I would like to consult about (Please write details)</p>	<p>Please select ONE</p> <ul style="list-style-type: none"><input type="checkbox"/> Shooting Technique<input type="checkbox"/> Psychology<input type="checkbox"/> Injuries<input type="checkbox"/> Training Management<input type="checkbox"/> Others

Please describe details what you need to learn and about your problem that you want to solve

※ It will be helpful to analyze your issue if you attach video of your shooting.

Member Associations: Hong Kong Archery Association

Name of Secretary General or President:

Date:

Signature: