

FITA Star Pin Application

Name: _____ FCA#: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

E-Mail: _____

Pin applying for: *Please Circle*

Recurve Compound

1000 1100 1200 1300 1350* 1400*

* a copy of the scorecard is required

Cadet Pin Age _____

Tournament Information

Date: _____

Location: _____

Organizer: _____

Host Club: _____

Please complete the application form, attach a copy of your scorecard and mail to:

**Tracy Klat
103 Werra Road
Victoria, BC V9B 5C2**