Bebington Archers

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G.N.A.S. Affiliated

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Club, _____ .

Contact Name _____ **Tel No** _____ **E-mail** _____ .

Title	Archers Full Name	G.N.A.S. Number	Jnr	Jnr Age or 50+	Cpd	Rec	Lng Bow	R/H	L/H

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