

TEAM MATCHPLAY - COMPOUND



AIS

ROUND

1/8	Elimination Matches
1/4	
1/2	
Bronze	Medal Matches
Gold	



Team Name		
Given Names	Family Names	AA No.
Date		
Target No.	Distance	

Arrow Values							6 arrow score	Progressive score
6								
12								
18								
24								
Xs							MATCH TOTAL	
10s & Xs								

Out of 240

Tiebreak	Total	Win	
		Loss	

Claim for Team Record

TEAM: _____

SIGNATURE of TEAM MEMBER or AGENT

Tick the boxes below for the gender in which both teams are competing

Gender

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

All boxes must be fully completed prior to submitting or the scorecard will be rejected

Scoring must be in blue or black ink or black pencil

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Indicate closest to centre with X

MATCH WINNER

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Team Name		
Given Names	Family Names	AA No.
Date		
Target No.	Distance	

Arrow Values							6 arrow score	Progressive score
6								
12								
18								
24								
Xs						MATCH		
10s & Xs						TOTAL		

Out of 240

Tiebreak	Total	Win	
		Loss	

SIGNATURE of TEAM MEMBER or AGENT