Specific Indemnity Request

Section 1 – Club

Club Name: _____

Section 2 - Venue Details:

Name _____

Address:

Venue Type ***Training*** ☐ ***Competition*** ☐ ***Both*** ☐

Section 3 – Indemnity Details

Indemnified Party: _____

Contact Person: _____

Address:

Indemnity Details:

Please return the completed form with fees to *The Membership Secretary, Archery Ireland, Irish Sport HQ, National Sports Campus, Blanchardstown, Dublin 15.*
Incomplete forms will be returned