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ANGLING TRUST TACKLE GURU

COARSE TALENT PATHWAY

ENTRY FORM

PLEASE COMPLETE ALL ASPECTS OF THIS FORM. INCOMPLETE FORMS WILL BE RETURNED AND MAY DELAY YOUR APPLICATION. YOU MUST BE AGED BETWEEN 12 YEARS TO 16 YEARS ON THE 1ST JANUARY 2022.

Entry forms are to be completed in **BLOCK CAPITALS**. Please return the completed form to:

**Angling Trust Competitions, The Old Police Station, Wharncliffe Road, Ilkeston, Derbyshire, DE7 5GF.**

Alternatively return the form via email to [**kelly.latimer@anglingtrust.net**](mailto:kelly.latimer@anglingtrust.net)

**Closing date for applications is 5pm on Friday 28th January 2022**

APPLICANT INFORMATION

|  |  |  |
| --- | --- | --- |
| Please TICK the location you are applying for | | |
| NORTH | MIDLANDS | SOUTH |

Forename: Click or tap here to enter text. Surname: Click or tap here to enter text.

Address: …………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………….. Post Code: Click or tap here to enter text.

DOB: …………………….. Age at 31st Dec 2022: Click or tap here to enter text.

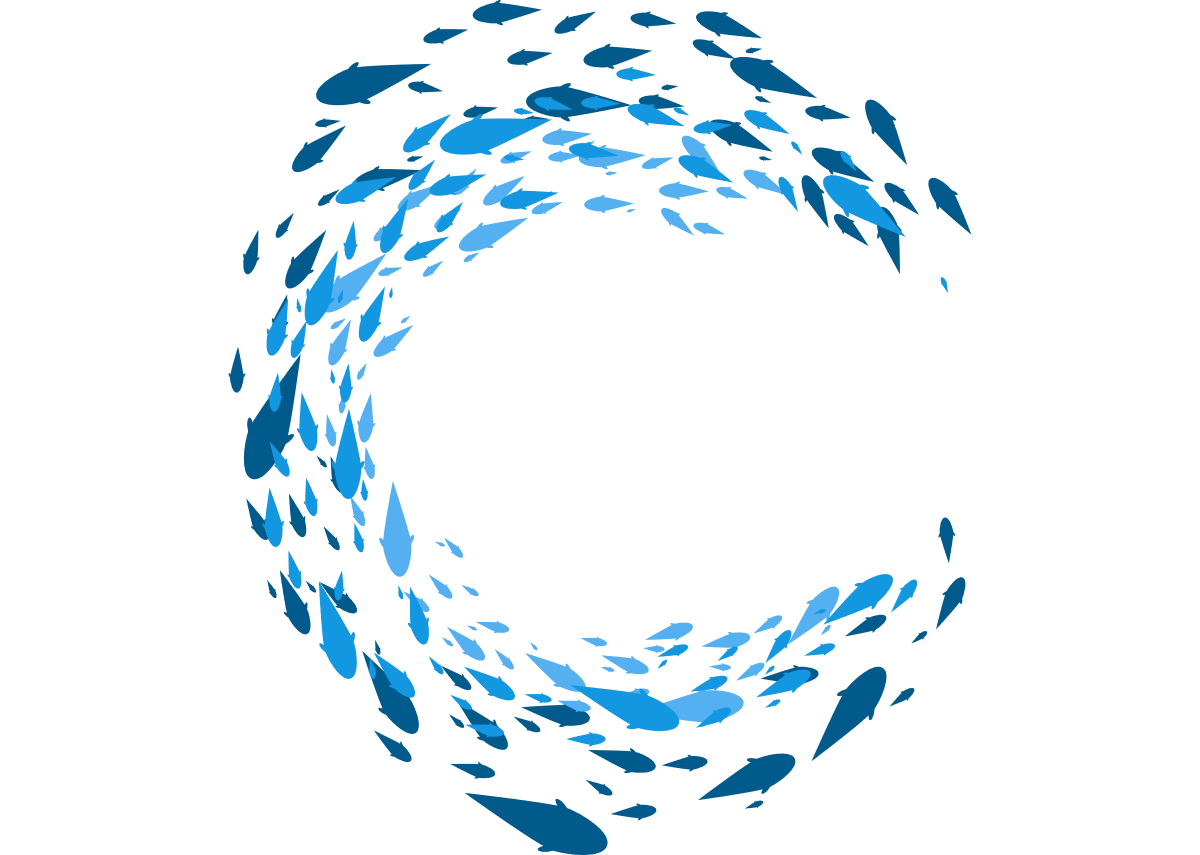
AT Membership No: Click or tap here to enter text.

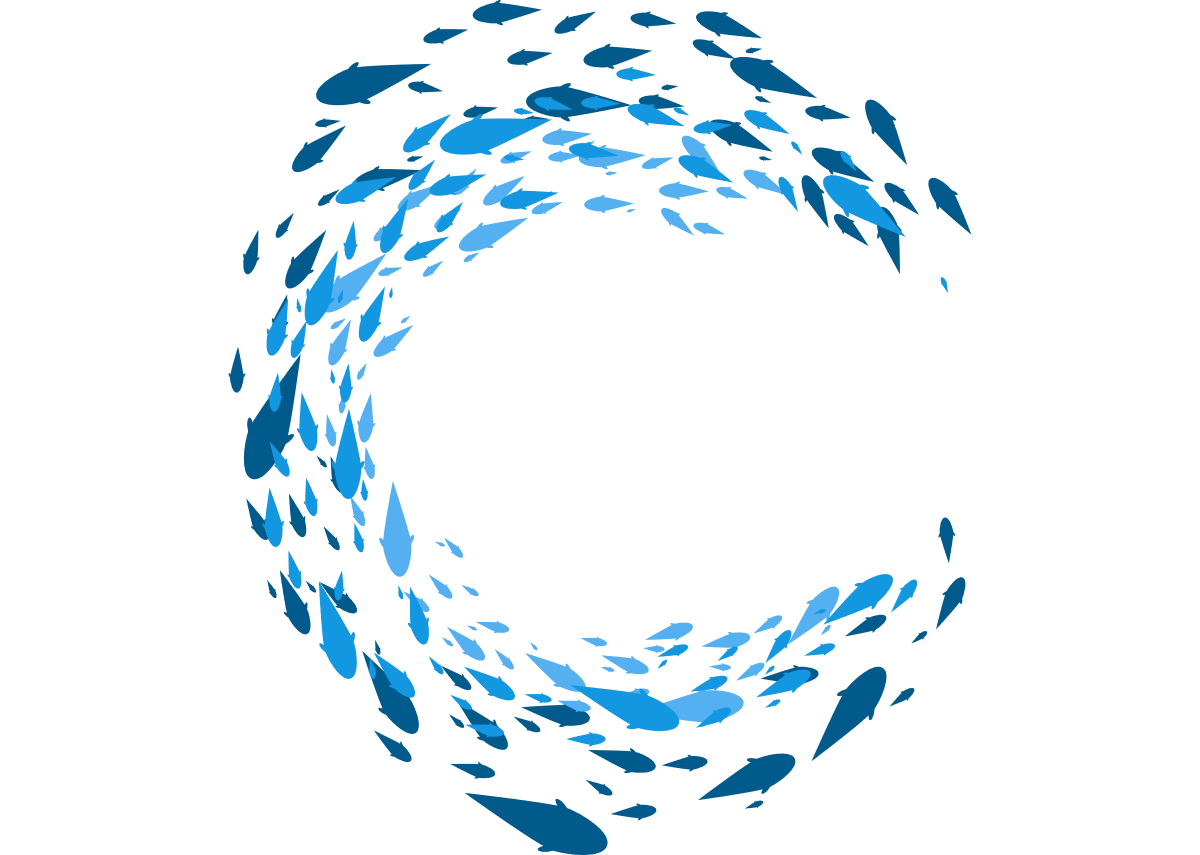
Please give details of any medical conditions: ………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………………

Are you a member of an angling club? If so, give details: …………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………





Please use the below space to provide details of your angling achievements and competition experience (continue on a separate sheet if necessary).

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PARENT/GUARDIAN DETAILS

Parent/guardian name: ……………………………………………………………………………………………………………………………………………

Contact No: ……………………………………………………………………………………………………………………………………………………………..

Email: ………………………………………………………………………………………………………………………………………………………………………

IN CASE OF EMERGENCY – CONTACT DETAILS

Please provide another contact, aside from the parent/guardian details above to call in case of emergency

Emergency Contact Name: ………………………………………………………………………………………………………………………………………

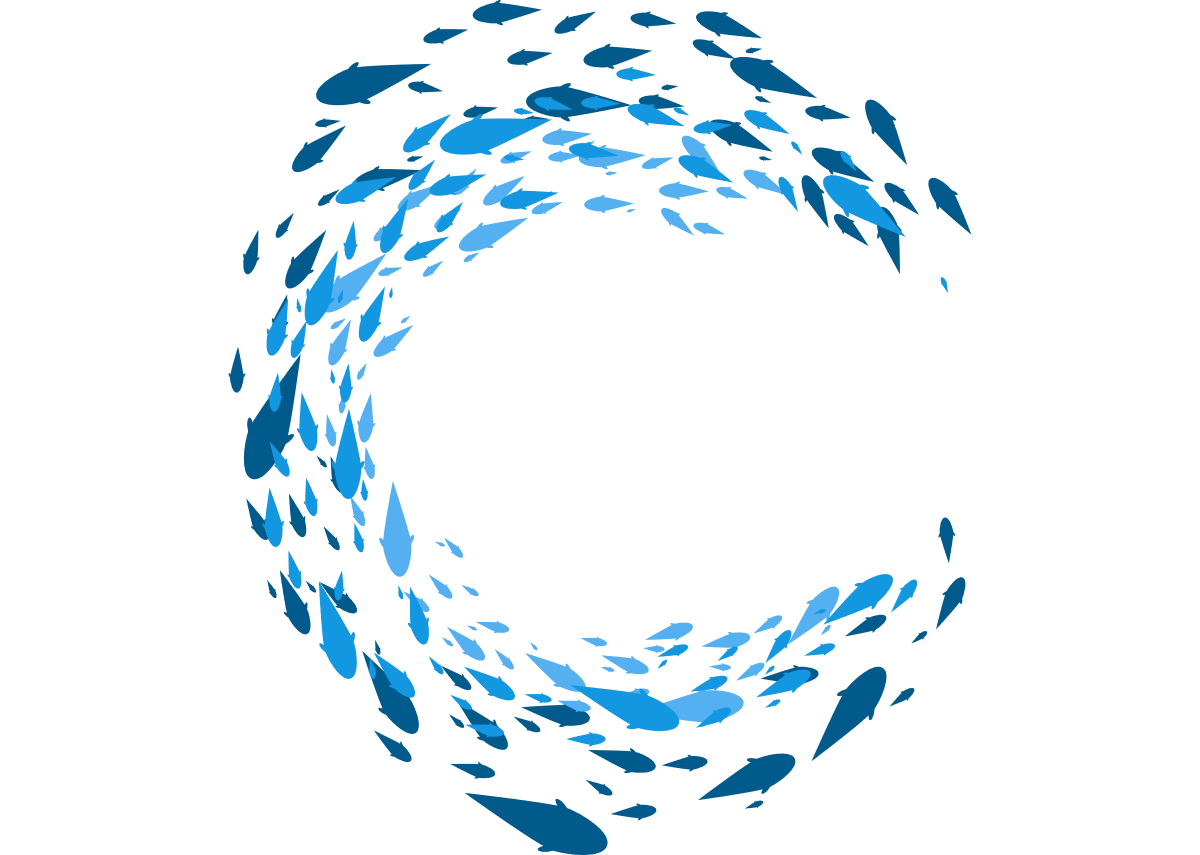
Emergency Contact No(s): ……………………………………………………………………………………………………………………………………….

PARENTAL CONSENT

The Angling Trust and Tackle Guru may be taking photographs and/or recorded images of the competitors for use in publicity documents, press releases, and other materials.

If you DO NOT wish the competitor to participate, please put this in writing and return with this application form.

|  |  |  |
| --- | --- | --- |
| I give my permission for my child to travel on any transport to/from events which may be provided by the Angling Trust | YES | NO |
| I understand that in the event of an injury all reasonable steps will be taken to contact me, and I give my permission for the illness or injury to be treated appropriately | YES | NO |



Please tell us where you heard about the Talent Pathway programme: ………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………………

Print name of competitor: ……………………………………………………………………………………………………………………………………….

**If the applicant is successful there will be an entry cost of £60 payable to Angling Trust. Details of how to pay this will be emailed to all successful applicants upon selection.**

**There will be a fee of £40 payable towards Bloodworm & Joker bait which must be paid to the coach at the first Talent Pathway session.**

**Some venues may charge a fishery day ticket fee which will be required for individual sessions, this is payable to the fishery on the morning of each session.**

Print name of Parent/Guardian: ………………………………………………………………………………………………………………………………

Signature of Parent/Guardian: …………………………………………………………………………………………………………………………………

Date: ………………………………………………………………

ANGLING TRUST OFFICIAL USE ONLY

|  |
| --- |
| DATE APPLICATION RECEIVED: …………………………………………. |
| APPLICATION NUMBER: ……………………………………………………. |

