

Shawano County 4-H Shooting Sports Archery Inspection Form

(PLEASE FILL OUT COMPLETELY)

Archers Name: _____ 4-H Club: _____

Name of Pro Shop Inspecting the bow: _____ Signature of Inspector: _____

Inspection of Bow:

Bow Make/Model: _____

Draw Length (inches)	_____	Is it correct for the archer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Draw Weight (lbs)	_____	Is it too light or heavy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Is it set up correctly?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Does it fit the archer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Release Type (if Applicable) _____

Sight Type (if Applicable)
with no magnification _____

Stabilizer Length (if Applicable) _____

Inspection of Arrows:

Are they correct length and weight for the archer and the bow they are shooting? Yes No

Are they in good condition? Yes No

Is the equipment safe and suitable for the archer?

Please circle one: **Pass** **Fail**

Comments: _____

