

# WSTAA DISABLED INTERNATIONAL TEAM TRIALS ENTRY FORM 2023

ONLY ONE COMPETITOR PER FORM and ALL ENTRIES MUST BE ACCOMPANIED BY FULL PAYMENT  
YOU MUST SEND ENTRY BY CLOSING DATE OR YOU WILL NOT BE ALLOWED TO FISH

## **CRITERIA TO FISH FOR THE DISABLED TEAM**

To qualify for the Welsh Disabled Team, members must be in receipt of the old DLA Mobility Lower rate, or in receipt of PIP Mobility Standard rate. Members also qualify to fish for the team if they have a mental, obvious physical. Or sight impediment, or are classed as profoundly deaf, or have a long-term illness, which is not likely to improve.

A copy of your DLA or PIP award letter with must be sent with this application or this form signed and surgery stamped by a Doctor

All documents provided will be returned to the competitors on the day of the Trial

Trial on Llyn Clywedog

Sunday 16<sup>th</sup> July

Fee £45 Due by 2<sup>ND</sup> July

ALL ENTRIES MUST BE RECEIVED AT LEAST 2 WEEKS PRIOR TO THE TRIAL

<b>Name of Club <b>PRINT</b></b>
<b>Club Affiliation Number</b>
<b>Phone no of Sec / Match Sec</b>
<b>Signature of Sec / Match Sec</b>
<b>Details of Competitor Very important to include all requested details</b>
<b>IF YOU CAN SUPPLY AN EMAIL and TEL NO ( YOUR ADDRESS IS NOT REQUIRED )</b>
<b>Name</b>
<b>Contact Number</b>
<b>Address</b>
<b>Post Code</b>
<b>Email</b>

**DOCTORS SIGNATURE REQUIRED and STAMPED BY SURGERY**

I can confirm that the above applicant does fulfil the above criteria to be included in the  
Welsh Fly Fishing Team

<b>DOCTORS FULL NAME</b>
<b>DOCTORS SIGNATURE</b>
<b>SURGERY STAMP</b>

All Completed Forms and Cheques (cheques made payable to WSTAA) to be sent to  
BOB MAYERS 3 HEOL TEILO, NEW INN, PONTYPOOL, TORFAEN, NP4 0RP  
BANK TRANSFERS Acc Name Cymdeithas Genweirwyr Eog a Brithyll Cwmru  
Sort 20-18-41 Acc no 10257001  
REF YOUR NAME / DISABLED TRIALS