## SASKATCHEWAN ARCHERY ASSOCIATION JUNIOR OLYMPIC PROGRAM Participants Information Sheet

Name of Club			YEAR	
Name of Coordinator				
Email address				
Phone #:			•	

Name	Address	City/Town	Postal Code	Phone No.	SAA Number	Birthdate DD/MM/YY	Gender M/F	Equipment Division RC/CC/BB	Last Badge Achieved

<sup>1.</sup> Complete this file and submit via email to the SAA JOP Coordinator assigned to you club and the SAA Executive Director. Create a new sheet for every 35 participants.

<sup>2.</sup> Copy and paste the Name, SAA# and Gender into the Registrant Reconciliation. Print and send with payment to the SAA Executive Director.

<sup>3.</sup> No badges or program support will be received until your registration fees are paid in full to the SAA.