



Archery School Registration

Registrant

First Name: _____

Last Name: _____

Phone: _____

Address: _____

Age: _____ Sex: _____ Height: _____

Eye Dominance: Left _____ Right _____ Hand Dominance: Left _____ Right _____

Emergency Contact

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____

\$185 Deposit (Recurve): _____ \$310 Deposit (Genesis Bow): _____

Paid in Full: _____ or Payment Plan _____

Should you need to enroll in a payment program, the Deposit is due upfront to purchase your equipment and hold your spot. To arrange payments for the remaining balance, please contact us.

Date Collected: _____

Signature: _____