



Archery School Registration

Registrant

First Name: _____

Last Name: _____

Phone: _____

Address: _____

Age: _____ Sex: _____ Height: _____

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

Shirt Size: Youth _____ Adult _____ XS S M L XL Check youth or adult, circle size

Attending on: Wed 10a-12p _____ Friday 4p-6p _____

Emergency Contact

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____

\$150 Deposit: _____

Paid in Full: _____ or Payment Plan _____

Should you need to enroll in a payment program, the \$150 is due upfront to purchase your equipment and hold your spot. To arrange payments for the remaining balance, please contact us.

Date Collected: _____

Signature: _____