



REGISTRATION FORM

Name of archer: _____

Grade: _____

Gender: Male ☐ Female ☐

Any prior experience in archery? Yes ☐ No ☐

Right or left handed: Right ☐ Left ☐

Do you own a bow?
 Yes ☐ No ☐

If no, are you willing to purchase your own?
 Yes ☐ No ☐

Parent or guardian contact information:

Name: _____

What is the best method to contact you? (Feel free to select multiple methods if preferred)

☐ Email: _____

☐ Call: _____

☐ Text: _____