



# ARCHERY REGISTRATION REQUEST FORM

Questions? Call (435) 649-3991 Ext 607

|                     |                           |
|---------------------|---------------------------|
| Today's Date: _____ | Participant's Name: _____ |
| Disability: _____   | Primary Contact: _____    |
| Phone: _____        | Email: _____              |

**I would like to register for the following:**

### SESSION DETAILS

|                 |                                  |             |                    |      |
|-----------------|----------------------------------|-------------|--------------------|------|
| Fall Session I  | Wednesdays                       | 4:00 - 5:30 | Sept 7, 14, 21, 28 | \$48 |
| Fall Session II | October (TBD – Based on weather) |             |                    |      |

Special Groups, Private Lessons Call for information (435) 649-3991 Ext 607

**Individual Drop in Request:** *(For participants who are not able to commit to an entire session)*

Cost: \$12 per time

|            |            |
|------------|------------|
| Date _____ | Time _____ |
| Date _____ | Time _____ |
| Date _____ | Time _____ |

|  |
|--|
| <p><b>Payment Information:</b></p> <p>____ Please charge my credit card upon confirmation of registration.</p> <p>Card # _____ Exp Date: _____ CV Code: _____</p> <p>____ Check enclosed. Check will be processed upon confirmation.</p> |
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| <p><b>For office use only:</b></p> <p>____ Current Membership    ____ Participant Forms Rec'd    ____ Registration Confirmed</p> <p>____ Payment Processed    Notes: _____</p> |
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