

Participant Information

"Anchor your passion. Target your dreams."

Camp Date: _____

Archer's Name: _____

Parent's Name: _____

Best Contact Phone Number: _____

Best Contact E-mail: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Gender: Male Female

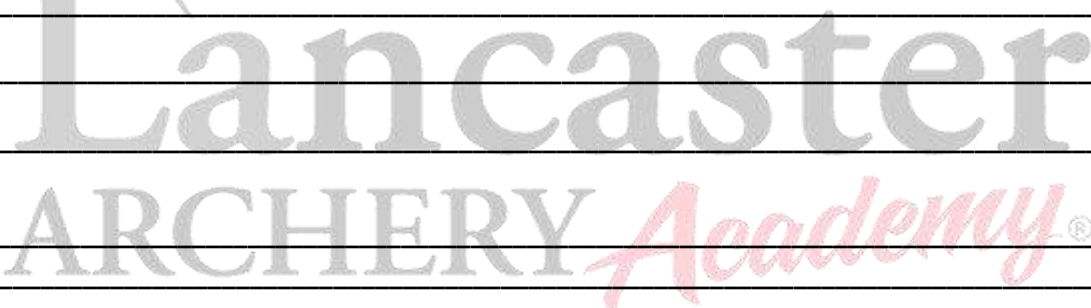
Does the archer currently have equipment: Yes No

Will they be bringing their own equipment: Yes No

If so please list bow type: _____

Allergies (Including food): _____

Special Accommodations: _____



"Anchor Your Passion. Target Your Dreams. Release Your Potential."

Emergency Contact

Please list a second contact

Name: _____ Relation to participant: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Other: _____

Street Address (if different from above): _____

City: _____ State: _____ Zip: _____