JOAD Mail In Tournament

○ 1st Qtr 2013 ○ 2nd Qtr 2013 ○ 3rd Qtr 2013 ◉ 4th Qtr 2013

Club Name:	
Club Contact Name:	
Contact Address *(will be used to mail certificates, so please fill in completely)* **:**	
Contact Phone Number:	
Contact Email Address:	

Birth Year	Individual Archer's Name		M	(Age) Category	(Bow Type) Division	Score	10s	9s
	LAST	First	F					

TEAMS: (all 3 person teams must be the same gender and shoot the same bow type)

Archer's Name		M	Division (Bowtype)	Score	10s	9s
LAST	First	F				
1						
2						
3						
Team Name:			**Team Total:**			
1						
2						
3						
Team Name:			**Team Total:**			
1						
2						
3						
Team Name:			**Team Total:**			

Age Category = Abbreviation

Junior = J

Cadet = C

Cub = K

Bowman = B

Yeoman = Y

Senior = S

Bowtype Division = Abbreviation

Recurve = R

Basic Compound = BC

Barebow = BB

Compound = C

Individual ($10)	**$10**
No. of Archers x	
Individual Fee Total =	
Team ($15)	**$15**
No. of Teams x	
Team Fee Total =	
Individual and Team Grand Total =	

Make checks payable to USA Archery and (JOAD MAIL-IN) in the memo and mail to:

USA Archery JOAD Mail In
4065 Sinton Road, Suite 110
Colorado Springs, CO 80907

Email:jtaylor@usarchery.org

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Use additional sheets as needed

For Credit Card Payments: (please check one) ☐ VISA ☐ Mastercard ☐ AMEX ☐ Discover

CC# _____ EXP: _____ Security Code: _____

Name as it appears on card: _____ Daytime Phone# _____

Authorized Signature: _____