

USA Archery Mail In Tournament

1st Qtr 2nd Qtr 3rd Qtr 4th Qtr

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						
							Individual (\$10)	\$10	
							No. of Archers x		
							Individual Fee Total =		

Age Category = Abbreviation
 Junior = J
 Cadet = C
 Cub = K
 Bowman = B
 Yeoman = Y
 Senior = S

Bowtype Division = Abbreviation
 Recurve = R
 Compound = C
 Basic Compound = BC
 Barebow = BB

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: _____			

Team (\$15)	\$15
No. of Teams x	
Team Fee Total =	

Individual and Team Grand Total =	
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Make checks payable to USA Archery and (MAIL-IN) in the memo and mail to:

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

Email: clubs@usarchery.org
 Page _____ of _____ submitted
Use additional sheets as needed

For Credit Card Payments: (please check one)

CC# _____ **EXP:** _____ **Security Code:** _____
Name as it appears on card: _____ **Daytime Phone#** _____
Authorized Signature: _____