



ARCHERY EVENT PARTICIPANT INFORMATION

DATE: _____

NAME: _____

PARENT (GUARDIAN): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

ARE YOU A MEMBER OF USA ARCHERY? YES or NO IF YES, MEMBER No _____

ARE YOU: RIGHT HANDED or LEFT HANDED

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATION: _____

PHONE NUMBER: _____

Information will be used by Greater Pearland Archery Club ONLY.
Information WILL NOT be shared with any 3rd parties.