



First Name _____ Last Name _____

Email _____

Company / Employer _____

Date of Birth _____ Gender _____

Age _____ Race _____

Bow Type _____

Feathers and Arrows level _____ WPAF member? _____ SANAA Member? _____

Do you want to receive club related emails? ____ Y / N

Cellphone/landline _____

Address _____

Medical conditions / allergies etc we should be aware of? _____

Emergency Contact Person? _____

Emergency Contact Number _____

Signature _____

Date _____ at _____