

ARCHERY DRAWING APPLICATION

Name (**ONE** name per application): _____

Address: _____ City _____ Zip _____

Email Address (**required**): _____

Day Phone: _____ Cell Phone: _____

Signature of Guardian (if under 18 years old): _____

Please print, complete and mail to: ARCHERY PROGRAM, PO BOX 5250, AKRON, OH 44334

Applications must be postmarked by July 18, 2015. *Only one application per person.*