

OTTAWA ARCHERS REGISTRATION FORM

Name: _____ Street Address: _____

City: _____, Province: _____

Postal Code: _____

E-Mail: _____

Phone number: (H) _____ (W) _____

Birth Date: _____

Type(s) of equipment used (check as many as apply): Traditional longbow __ , Recurve ____, Compound

Main Shooting Interest: 3D ____, FITA ____, Target ____

OAA insurance number: _____ expiry date: _____

Or

OFAH insurance number: _____ expiry date: _____

Include photocopies of the proof of insurance (THE CARD) with your submission.

Other family members joining:

Name: _____ Birth Date: _____

Relation: _____

Name: _____ Birth Date: _____

Relation: _____

Name: _____ Birth Date: _____

Relation: _____

Name: _____ Birth Date: _____

Relation: _____

I would be interested in volunteering for the following activities (check as many as apply):

Remember, some input is expected from each member, but it's not all the time or anything too difficult!

TOURNAMENT SETUP/TAKEDOWN _____

BBQ/KITCHEN DUTIES AT TOURNAMENTS _____

REGISTRATION FOR TOURNAMENTS _____

RANGE MAINTENANCE (grasscutting, trail upkeep etc) _____

FITA RANGE DEVELOPMENT _____

TARGET REPAIR _____

BUILDING PROJECTS (bowracks, clubhouse etc) _____

TRAINING NEW ARCHERS _____

WEBSITE UPKEEP _____