



# ARCHERY REGISTRATION FORM 2025

Name:	DOB:	AGE:
Parent/Guardian/Emergency contact details		
Name:	Address:	
Phone:	Email:	
Signature:		
Is there any medical details/information we need to know about? (Allergies, injuries, medical conditions)		

<b>WEDNESDAY</b>
4pm – 5pm (6 YRS +)

Cost: \$105 per term  
Active Kids Vouchers accepted

Date:	Paid: Cash / Card / AKV / A/C Credit	Staff:
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