2010/2011 JOAD Mail In Tournament (please circle one) 1st tournament 2nd tournament

Club Name:	
Club Contact Name:	
Contact Address:	
Contact Phone Number:	
Contact Email Address:	

Birth Year	Individual Archer's Name		M	(Age) Category	(Bow Type) Division	Score	10s	9s
	Last	First	F					

Age Category = Abbreviation
Junior = J
Cadet = C
Cub = CUB
Bowman = B
Senior = S
Bowtype Division = Abbreviation
Recurve = R
Genesis = G
Barebow = BB
Compound = C
Compound Fingers = CF

Individual ($10)	**$10**
No. of Archers x	
Individual Fee Total =	$ -

TEAMS: (all 3 person teams must be the same gender and shoot the same bow type)

Archer's Name		M	Division (Bowtype)	Score	10s	9s
Last	First	F				
1						
2						
3						
Team Name:			**Team Total:**			
1						
2						
3						
Team Name:			**Team Total:**			
1						
2						
3						
Team Name:			**Team Total:**			

Team ($15)	**$15**
No. of Teams x	
Team Fee Total =	$ -

Make checks payable to USA Archery and (2010/2011 JOAD MAIL-IN) in the memo and mail to:

Diane Watson - USA Archery
11815 Lakewood Drive
Hudson, FL 34669

Email: joad@usarchery.org or fax 727/856-6841

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Use additional sheets as needed

Individual and Team Grand Total =	$ -

For Credit Card Payments: Please circle one - Visa AE Discover Mastercard
CC# _____ Expires: _____

Name as it appears on card: _____