



USA Archery JOAD Xperience Program



Club Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Contact Name: _____

Contact Email address: _____

Club Web Site: _____

Do you want your program contact information posted on www.usarchery.org? Yes No

JOAD Xperience Program Fee = \$20.00
****No fee for current JOAD or Adult Clubs****

Payment:

Amount Enclosed: \$ _____ Name on credit card: _____

Credit Card: VISA _____ MasterCard _____ American Express _____ Discover _____

Credit Card Number: _____ Expiration Date: (MM/YY): _____/_____

Signature: _____ 3 or 4 digit security code: _____

Return to: USA Archery
711 North Tejon Street
Colorado Springs, CO 80903
Phone: 719-866-4576
Fax: 719-632-4733