

FITA STAR AWARD (PIN) APPLICATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ FAX: _____

E-Mail Address: _____

NAA Membership Expiration Date: _____

Date of Event: _____

Category: _____ Recurve _____ Compound

Gender: _____ Male _____ Female

Age Classification: _____

Name of Event: _____

Organizer: _____

Type of Round: _____

Pin Requested: _____ Score Achieved: _____

Official: _____

Please attach a legible copy of your score card, signed by an official and return it along with the \$5.00 fee (per pin).

Return to: USA Archery
Star Pin Request
One Olympic Plaza
Colorado Springs, CO 80909

Direct any questions to the USA Archery office: (719) 866-4576 or info@usarchery.org