

Junior Olympic Archery Development Phone 829-6213

J.O.A.D. Registration Form

| Session Beginning Full Name | | 2014 |
|---|-----------------------|---------------------|
| | | |
| City Telephone | Zip | |
| Telephone | _ Email | |
| 10 Week Paid Up Front | | |
| Registration Fees | \$ 5.00 | |
| 10 Week Classes | \$200.00 | |
| | | |
| 20 Week Paid Up Front | | |
| Registration Fees | \$ 5.00 | |
| 20 Weeks Classes | \$380.00 | |
| 20 Wook Paid Up Front | | |
| 30 Week Paid Up Front | \$ 5.00 | |
| Registration Fees | \$ 5.00 \$530.00 | |
| SU WEEKS Classes | | |
| Weekly Rate Paid At | time of Regis | tration |
| | | |
| Registration Fee | \$ 10.00 | |
| Registration Fee Deposit For Shooting Assignment Weekly Fee | \$ 25.00 | |
| | φ 25.00 | |
| Bow Rental For Each Ten Week | Session \$45.00 | |
| With Bow Rental There Is A Requ | | sonal Equipment |
| (Hip Quiver- Arrows- Arm Guard- | | |
| Additional Family Members 10% I | - | • |
| , | | |
| With JOAD Membership A 10% D | iscount Will Be Appli | ed To All Purchases |
| | Τ. | |
| We Accept Cash, Checks, Visa a | nd Master Card 101 | ai Paid |
| | | |

Signature Parent Or Guardian _____