2008 JOAD Mail In

Club Name:

Club Contact Name:

Contact Address:

Contact Email Address: **Contact Phone Number:**

Birth Year	Individual Archer's Name Last	First	M F	Division	Membership Expiration	Score

Individual ($10)	$10
No. of Archers	
Individual Fee Total	

Teams

Birth Year	Archers Name Last	First	M F	Division	Membership Expiration	Score
Team Name:					**Team Total**	
Team Name:					**Team Total**	
Team Name:					**Team Total**	

Team ($15)	$15
No. of Teams	
Team Fee Total	

Make checks payable to USA Archery or send to PayPal at address below

Barbara Larrick **Email: JOAD4kids@yahoo.com**

42365 W. Somerset Dr

Maricopa, AZ 85238 **Use additional sheets as needed** **Grand Total $**