

CT State Outdoor Tournament Registration Form

Name: _____ Date of Birth: ___/___/___

Address: _____ USA/NFAA # _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please Check all Boxes that Apply:

FEMALE MALE

OLYMPIC RECURVE COMPOUND RELEASE BAREBOW

TRADITIONAL

BOWMAN CUB CADET JUNIOR

SENIOR MASTER 50 MASTER 60 MASTER 70

All shooters can practice from 8am-9am. Scoring beginning at 9am. There will be a ½ hr break at the half.

Mail in registrations with full payment will be accepted only through June 26th. Please make all checks payable to Hall's Arrow. Registrations will ONLY be accepted by phone if paid by credit card. Please call 860-646-0443. This form may also be faxed with credit card information to 860-646-6151, or emailed to info@hallsarrow.com

Registration Fee: \$35.00, Late Registration after June 26th : \$45.00

Credit Card Authorization: Credit card number: _____

Expiration Date: _____ Security Code: _____ Please circle: Visa / MasterCard / Amex / Discover

Registrations can be mailed to: Hall's Arrow
291 West Middle Turnpike
Manchester, CT 06040